

IN THE MAGISTRATE COURT OF WALTON COUNTY, STATE OF GEORGIA

CIVIL ACTION

Case Number _____

VS

PLAINTIFF Name

DEFENDANT Name

Address

Mailing Address

City, State, Zip Code

City, State, Zip Code

(Area Code) Phone number

(Area Code) Phone number

ANSWER OF DEFENDANT

*Court use only

Date/Time stamp filed*

TYPE OF ACTION: DISPOSSESSORY STATEMENT OF CLAIM FORECLOSURE

The following statement(s) is/are my response to the above styled action as filed by the Plaintiff:

- I ADMIT claim(s) of the Plaintiff:
- I DENY claim(s) of the Plaintiff: (See narrative)
- I ADMIT claim(s) by the Plaintiff: BUT DISPUTE AMOUNT

(Add additional information on separate attachment)

Submitted this _____ day of _____, 20_____.

 Defendant Attorney

VERIFICATION

Personally appeared before me, the undersigned officer, the above named Defendant or Agent or Attorney, who on oath swears/affirms that the foregoing Answer is true and correct to the best of his/her knowledge and belief.

Sworn to and subscribed before me this

_____ day of _____, 20_____

My commission expires: _____

Notary Public/Attesting Official

Answer can mailed or faxed to location listed above in the lower left hand corner of this document. The answer MUST be received in the Magistrate Court prior to the deadline to submit said answer.