

IN THE MAGISTRATE COURT OF WALTON COUNTY, STATE OF GEORGIA

303 South Hammond Drive Suite 116
Monroe, Georgia 30655
770-267-1349

CIVIL ACTION
STATEMENT OF CLAIM

Date Filed _____

Case Number _____

Plaintiff Name

VS

Defendant Name/Date of Birth

Address

Address

City, State, Zip Code

City, State, Zip Code

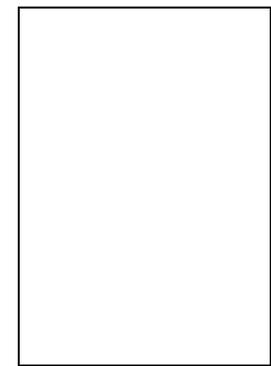
(Area Code) Phone number

(Area Code) Phone number

() Suit on Note () Suit on Account () Other _____

Court use only - date/time stamp filed

The above named Defendant(s) is/are subject to the jurisdiction of this Court and indebted to the Plaintiff as follows:



PLAINTIFF demands JUDGMENT against the Defendant in the amount of (EXCLUDES COURT COSTS): \$ _____
PLAINTIFF demands COURT COSTS against the Defendant in the amount of : \$ _____
PLAINTIFF demands ATTORNEY'S FEES against the Defendant in the amount of: \$ _____
PLAINTIFF demands PRE FILING INTEREST against the Defendant in the amount of: \$ _____

STATE OF GEORGIA, WALTON COUNTY:

_____ being duly sworn/affirm on oath, says the foregoing is a just and true statement of the Plaintiff and claim made by the Plaintiff against the Defendant, exclusive of all set-offs and just grounds of defense.

Plaintiff or Agent or Attorney

If Agent (title)

Sworn to and subscribed before me this
_____ day of _____, 20_____.
Notary Public/Attesting Official

SUMMONS

TO ALL DEFENDANT(s): You are hereby notified that the above named Plaintiff(s) has/have made a claim and is requesting judgment against you in the sum of \$ _____. YOU ARE REQUIRED TO FILE or PRESENT AN ANSWER TO THIS CLAIM WITHIN (30) DAYS AFTER SERVICE OF THIS SUMMONS UPON YOU, exclusive of the day of service. If you fail to file an answer with this Court, Judgment by Default will be taken against you for the relief demanded in the complaint. Your answer may be FILED IN WRITING OR GIVEN ORALLY TO THE JUDGE. IF YOU CHOOSE TO FILE YOUR ANSWER ORALLY, IT MUST BE IN OPEN COURT IN PERSON WITHIN THE (30) DAY PERIOD. NO TELEPHONE ANSWERS ARE PERMITTED. If you have witnesses, books, receipts, or other writings bearing on this claim, you should bring them with you on the scheduled date and time of your hearing. If you require a witness(s) to be summoned, see the Court at once for assistance. If you have any claim(s) against the Plaintiff, notify the Court immediately. If you admit the claim, but desire additional time to pay, you must appear in Court on the scheduled date and time of your hearing and state those circumstances to the Court. You may proceed in this matter with or without representation of counsel/attorney. The Court will schedule a hearing upon this claim at the Walton County Magistrate Court at a date and time to be set after your answer if filed with the Court. NO LEGAL ADVICE WILL BE PROVIDED BY ANY MAGISTRATE COURT EMPLOYEE AT ANY TIME! FORMS RELATING TO YOUR CASE CAN BE OBTAINED IN THE CIVIL DIVISION OF THE MAGISTRATE COURT DURING REGULAR BUSINESS HOURS. Regular business hours are Monday through Friday, 8:30am - 5:00pm. Closed during observed Holidays and Saturday/Sunday.

Magistrate Judge/Clerk/Deputy Clerk, Walton County