

**IN THE MAGISTRATE COURT OF WORTH COUNTY  
STATE OF GEORGIA  
DISPOSSESSORY WARRANT**

DATE FILED \_\_\_\_\_

CASE NO. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Plaintiff's Name, Address, Phone Number**

**Vs.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Defendant's Name, Address, Phone Number**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Defendant's Name & Address (If two Defendants)**

**AFFIDAVIT-** - Personally appeared the undersigned affiant who on oath says that affiant is the ☐ owner, ☐ attorney at law, ☐ agent for Plaintiff(s) herein, and that Defendant(s) is/are in possession as tenant(s) of premises at the address stated above, in Worth County, the property of said Plaintiff(s). Plaintiff(s) attest(s) that there are no other person(s)/entity(ies) or known occupant(s) with whom Plaintiff(s) has/have a landlord tenant relationship.

FURTHER THAT: (check applicable claim(s)):

☐ tenant fails to pay the rent which is now past due;

☐ tenant holds the premises over and beyond the term for which they were rented or leased to tenant;

☐ tenant is a tenant at sufferance;

☐ Other: \_\_\_\_\_; and

THAT Plaintiff(s) is/are entitled to recover any and all rent that may come due until this action is finally concluded. Plaintiff(s) desires and has demanded possession of the premises and Defendant(s) has/have failed and refused to deliver said possession. WHEREFORE, Plaintiff(s) demand(s) (a) possession of the premises; (b) past due rent of \$ \_\_\_\_\_; (c) court cost of \$ \_\_\_\_\_; (d) other (please specify) \_\_\_\_\_.

**TOTAL AMOUNT CLAIMED: \$ \_\_\_\_\_.**

Sworn to and subscribed before me,  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
☐ Affiant ☐ Owner ☐ Attorney at Law ☐ Agent

\_\_\_\_\_  
Deputy Clerk / Clerk / Notary Public

**SUMMONS** -- To the Sheriff of this County or lawful deputies of the Sheriff -- GREETINGS:

Pursuant to law, you are hereby notified to be in the MAGISTRATE COURT OF WORTH COUNTY, Worth County Court House (201 N. Main St. Room 21 Sylvester, Ga 31791) WITHIN SEVEN (7) DAYS after the service of this affidavit and summons, to answer in writing or to answer Orally at said time, and to set forth whatever legal or equitable defense of counter-claim you may have to this dispossession proceeding. **If you do not answer WITHIN SEVEN (7) DAYS, a writ of possession and/or judgement will be issued against you as provided by law.** If the day of answering falls on Saturday, Sunday or a Legal Holiday, such time continues through the next working day of Court.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Magistrate or Deputy Clerk / Clerk

**The last possible date to file an answer: \_\_\_\_\_**

DATE: \_\_\_\_\_

DEFENDANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ PAST DUE RENT: \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_

DATE: \_\_\_\_\_ PAST DUE RENT: \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_

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DATE: \_\_\_\_\_ PAST DUE RENT: \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_

DATE: \_\_\_\_\_ PAST DUE RENT: \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_

TOTAL RENT DUE: \_\_\_\_\_ TOTAL PAID: \_\_\_\_\_

**TOTAL AMOUNT OF PAST DUE RENT: \$ \_\_\_\_\_ AS OF \_\_\_\_\_**

PLAINTIFF'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**IN THE MAGISTRATE COURT OF WORTH COUNTY  
STATE OF GEORGIA**

Case No. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Plaintiff(s)**

**Vs.**

*Type of Case:*

☐ Statement of Claim

☐ Dispossessory

☐ Garnishment

☐ Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Defendant(s)**

**SERVICEMEMBERS CIVIL RELIEF ACT AFFIDAVIT**

I, the undersigned, under the pain and penalties of perjury, declare the following to be true:

1. As of the current date (*check one of the following*):

☐ I have personal knowledge that the defendant named above is in military service.

☐ I have personal knowledge that the defendant named above is not in military service.

☐ I am unable to determine whether the defendant named above is in military service.

2. Check one of the following:

☐ I used the Servicemembers Civil Relief Act Website (<https://scra.dmdc.osd.mil/>) to determine the defendant's military status. The results from my use of that website are attached to this affidavit.

☐ I have not used the Servicemembers Civil Relief Act Website and the following facts support my statement as to the defendant's military service: (*State how you know the defendant is not in the military. Be specific.*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**Sworn to and subscribed before me on the date written above.**

\_\_\_\_\_  
☐ Notary Public    ☐ Deputy Clerk of Court

My Commission Expires: \_\_\_\_\_