

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

STATEMENT OF CLAIM

DATE FILED _____

CASE NO. _____

Plaintiff's Name, Address, Phone Number

Vs.

Defendant's Name, Address, Phone Number

Defendant's Name, Address (If two Defendants)

☐ Suit on Note ☐ Suit on Account ☐ Other: _____

1. The Court has jurisdiction over the defendant(s) ☐ the Defendant(s) is a resident of Worth County;
☐ other (please specify) _____

2. Plaintiff(s) claims the Defendant(s) is indebted to the Plaintiff(s) as follows (You must include a brief statement giving reasonable notice of the basis for each claim contained in the Statement of Claim): _____

3. That said claim is in the amount of \$ _____ principal, \$ _____ interest, plus
_____ costs to date (court cost), and all future costs of this suit. Total \$ _____.

State of Georgia, Worth County:

_____ being duly sworn on oath says the foregoing is a just and true statement the amount owing by defendant(s) to plaintiff(s), exclusive of all set-offs and just grounds of defense.

Sworn and subscribed before me this _____ day
of _____ 20 _____

Plaintiff(s) or Agent
(If Agent, Title or Capacity) _____

Notary Public/Attesting Official

Daytime Phone Number

NOTICE AND 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 shown by the foregoing statement. YOU ARE REQUIRED TO FILE or PRESENT AN ANSWER (answer forms can be obtained at <https://georgiamagistratecouncil.com/forms> or from the clerk's office) TO THIS CLAIM WITHIN 30 DAYS AFTER SERVICE OF THIS CLAIM UPON YOU. IF YOU DO NOT ANSWER, *JUDGMENT BY DEFAULT* WILL BE ENTERED AGAINST YOU. YOUR ANSWER MAY BE FILED IN WRITING OR MAY BE GIVEN ORALLY TO THE JUDGE OR CLERK. If you choose to file your answer orally, it MUST BE IN PERSON and within the 30-day period. NO TELEPHONE ANSWERS ARE PERMITTED. The court will hold a hearing on this claim at a time to be scheduled after your answer is filed. You may come to court with or without an attorney. If you have witnesses, books, receipts, or other writings bearing on this claim, you should bring them to court at the time of your hearing. If you want witnesses or documents subpoenaed, see a staff person in the Clerk's office for assistance. If you have a claim against the Plaintiff(s), you should notify the court by immediately filing an answer and counterclaim. If you admit to the Plaintiffs' claim but need additional time to pay, you must come to the hearing in person and tell the court your financial circumstances. Your answer must be RECEIVED by the clerk within 30 days of the date of service. If you are uncertain whether your answer will timely arrive by mail, file your answer in person at the clerk's office during normal business hours.

This _____ day of _____, 20 _____

Deputy Clerk / Clerk

**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: _____