

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

Date Filed \_\_\_\_\_

Case No: \_\_\_\_\_

**AFFIDAVIT FOR FORECLOSURE  
PERSONAL PROPERTY**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Plaintiff(s) Name, Address, Phone Number**

**Vs.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Defendant(s) Name, Address, Phone Number**

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

Personally appeared \_\_\_\_\_ who, on oath, says that he/she is ☐ Plaintiff(s) ☐ Agent;  
☐ Attorney-at-Law; for Plaintiff(s); and is authorized to make this Affidavit, and that Defendant(s) herein, whose address is set forth  
above herein is indebted to said Plaintiff(s) in the amount(s) of: (fill in amounts as applicable) Principal (\$\_\_\_\_\_);  
Interest (\$\_\_\_\_\_); Court Cost (\$\_\_\_\_\_); Total (\$\_\_\_\_\_); thereon, upon a  
☐ Security Agreement; ☐ Contract Retaining Title; in and who, on oath, says that the original thereof, or a true copy of same, is  
attached hereto and made a part hereof, and that said indebtedness is past due, and that the Defendant(s) is/are either now a resident of  
Worth County, Georgia, or was a resident thereof at the date said writing was executed, and that this affidavit is made for the purpose  
of foreclosing indebtedness together with interest thereon and all costs of these proceedings.

☐ **Check if Applicable** (Affiant alleges that the security interest at issue arose out of a "commercial claim" as defined by Code  
Section 44-14-237, as amended, and that the Defendant(s) has waived same or all of the rights and provisions contained in Code  
Section 44-14-230, a copy of such waiver shall be attached hereto and such attachment shall be construed as an allegation, under oath,  
of such waiver.)

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

\_\_\_\_\_  
Notary Public/Attesting Official/Clerk

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

\_\_\_\_\_  
Plaintiff(s) or - Agent - Attorney

\_\_\_\_\_  
(If Agent /Attorney - Title or Capacity)

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Bar Number (if applicable)

**NOTICE AND SUMMONS**

TO: Defendant(s)

You are hereby commanded and required personally or by attorney to file with the Clerk of the Magistrate Court, **within (7) days from the date of service of the within affidavit and summons, or on the first business day thereafter if the seventh day falls on a Saturday, a Sunday, or a legal holiday, then and there to answer said affidavit in writing or orally.** (See mailing address above, or file in person at the Magistrate Office.) If the Defendant(s) fails to answer on or before the seventh day from the date of service, the Defendant(s) may reopen the default as a matter of right by making an answer within seven (7) days after the date of the default notwithstanding the provisions of O.C.G.A. 9-11-55. If the seventh (7) day is a Saturday, a Sunday, or a legal holiday, the answer may be made on the next day which is not a Saturday, a Sunday, or a legal holiday. If the answer is not so made, a writ of possession shall issue against Defendant(s) as by law provided, pursuant to Plaintiff(s)' affidavit.

Filed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_. WITNESS the Honorable Casey Rouse, Chief Magistrate

\_\_\_\_\_  
Magistrate/Deputy Clerk of Court

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

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

Plaintiff(s)

v.

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

Defendant(s)

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

*Type of Case:*

☐ Statement of Claim

☐ Dispossession

☐ Garnishment

☐ Other: \_\_\_\_\_

**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: \_\_\_\_\_