

IN THE MAGISTRATE COURT OF ATHENS-CLARKE COUNTY
STATE OF GEORGIA

Plaintiff(s)
Versus

Civil Action Number:

MC-CV_____

Defendant(s)

Date of Service: _____

ANSWER

I admit the claim of the Plaintiff. I request a payment schedule.

OR

I deny the claim of the Plaintiff as follows: **(If you deny the claim, you must state your reason.)**

I have a counterclaim as follows:

State of Georgia, Athens-Clarke County:

Received in the Clerk's Office from **(Clerk will print your name)** _____

This _____ day of _____, 20 _____. _____

Defendant's Signature

Defendant's Signature

Clerk/Deputy Clerk

Phone No. _____

Address: _____

Unit No. _____

City, State, Zip Code _____

**Note: The Clerk's Office cannot provide legal advice.
You should talk to an attorney if you need help with your claim.**