

**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.**