

**MAGISTRATE COURT OF ATHENS-CLARKE COUNTY
STATE OF GEORGIA**

Plaintiff(s)

vs.

Civil Action No. MC-DP _____

Date of Service: _____

Defendant(s)

ANSWER TO DISPOSSESSORY WARRANT AFFIDAVIT

I admit the claim of the Plaintiff. I request a payment schedule (**payment schedule will not stop eviction**)

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.**