IN THE MAGISTRATE COURT OF FULTON COUNTY
STATE OF GEORGIA

_____
_____
_____
Plaintiff(s) Name, Address

Civil Action No: _____

vs.

_____
_____
_____
Defendant(s) Name, Address

ANSWER AND/OR COUNTERCLAIM OF DEFENDANT
(ANSWER MUST BE RECEIVED BY OR ON YOUR DEFAULT DATE AT 5:00 PM)

Check all that apply:

[ ] Defendant admits the claim of the Plaintiff.

[ ] Defendant is not indebted to Plaintiff in any amount.

[ ] Defendant is not indebted to the Plaintiff in the amount claimed, but is indebted to plaintiff in the amount of $ _____

[ ] Defendant paid the sum of $ _____on the _____day of _____, 20_____ in full settlement of Plaintiff's claim.

[ ] The debt claimed by the Plaintiff was discharged in bankruptcy on the _____ day of _____, 20_____ , Bankruptcy case number _____ .

[ ] Other: _____

[ ] COUNTER-CLAIM: The Plaintiff is indebted to me as follows: _____
_____
_____
_____

State of Georgia, Fulton County

_____(**Notary will print your name)** being duly sworn on oath, says the facts set forth in the foregoing Answer are true and correct.

Sworn and subscribed before me

This_____ day of _____, 20_____ .

_____
Defendant's Printed Name

_____
Notary Public/ Clerk/ Deputy Clerk
(Notary Seal)

_____
Defendant's Signature

NOTE: The Clerk's Office cannot provide legal advice. Please consult an attorney if you require assistance in filing your claim.