IN THE MAGISTRATE COURT OF SPALDING COUNTY STATE OF GEORGIA

132 E. Solomon Street, Griffin, GA 30223 Phone: 770-467-4321 Fax: 770-467-0081

		CASE NO:
Plaintiff		CONTACT #:
VS.		STATEMENT OF CLAIM
Defendant		_
Plaintiff says the Defendant is inde	ebted to the Plaintiff as follows	s:
PRINCIPAL		\$
That said claim in the amount of State of Georgia, Spalding County	_	costs to date; and all future costs of this suit. Total:\$
made by Plaintiff against the Defe	ndant, exclusive of all set-offs	
Sworn and subscribed before	(DATE)	(Agent for) Plaintiff.
Notary Public or Attesting Offici	al	(If agent, title/capacity)
TO:		ND SUMMONS
You are hereby notified that against you in the sum of \$, as shown by	(Plaintiff) has made and filed a claim and is asking for Judgment the foregoing statement.
CLAIM UPON YOU. IF YOU DO	O NOT ANSWER, JUDGMEN RITING OR MAY BE GIVE	R TO THIS CLAIM WITHIN 30 DAYS AFTER SERVICE OF THIS NT BY DEFAULT WILL BE ENTERED AGAINST YOU. YOUR N ORALLY TO THE CHIEF OR PRESIDING MAGISTRATE
other writings bearing on this clair summoned, see the court at once for	m you should bring them with or assistance. If you have any nal time to pay, you must com	after your answer is filed. If you have witnesses, books, receipts, or you at the time of the hearing. If you wish to have witnesses claims against the Plaintiff, you should notify the court at once. If you e to the hearing in person and state the circumstances to the court.
		Magistrate, Spalding County
Above NOTICE and STATEMEN	T OF CLAIM served on Defe	ndant (s)
		, at (or in)
, i	n Spalding County, Georgia.	