

MAGISTRATE COURT OF LAURENS COUNTY, GEORGIA - Case No. MC _____

[PLAINTIFF]	VS	[DEFENDANT]
[ADDRESS]		[ADDRESS]
[CITY-STATE-ZIP]		[CITY-STATE-ZIP]
[PHONE NUMBER]		[PHONE NUMBER]

STATEMENT OF CLAIM

(Here the plaintiff or, at his/her/its request, the court, will insert a statement of the Plaintiff's claim and, if the action is on a contract, either express or implied, the original statement of the plaintiff's claim which is to be filed with the court may be verified by the plaintiff or his agent:)

Suit on Contract	Suit on Promissory Note	Damage Suit	Suit on Open Account	Other
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\$ _____ Amount of Claim, Plus Costs \$ _____.

STATE OF GEORGIA, COUNTY OF _____

_____, being first duly sworn on oath, says the foregoing is a just and true statement of the amount owing by the defendant to the plaintiff, exclusive of all setoffs and just grounds of defense.

Sworn and subscribed before me this _____
Day of _____, 20____

Notary Public or Attesting Official

Plaintiff or Plaintiff's Attorney
(Or Plaintiff's Agent as permitted by UMCR No. 31)

NOTICE

TO: _____ (Defendant) _____ (Business Address or Place of Employment)

You are hereby notified that _____ has made a claim and is requesting judgment against you in the sum of _____ dollars (\$ _____), as shown by the foregoing statement. The court will hold a hearing upon this claim at Laurens County Courthouse at a time to be set AFTER your answer is filed. **YOU ARE REQUIRED TO FILE OR PRESENT AN ANSWER TO THIS CLAIM WITHIN 30 DAYS AFTER SERVICE OF THIS CLAIM TO YOU. IF YOU DO NOT ANSWER, JUDGMENT BY DEFAULT WILL BE ENTERED AGAINST YOU. YOUR ANSWER MAY BE FILED IN WRITING OR MAY BE GIVEN ORALLY TO THE JUDGE.**

If you wish to settle this claim without a hearing, you may do so by paying THE FULL AMOUNT, PLUS COSTS, within 30 days of the date you were served with this claim. Payment must be made IN CASH or BY CERTIFIED OR CASHIER'S CHECK and should be paid at the office of the CLERK OF COURTS, LAURENS COUNTY COURTHOUSE, Post Office Box 2028 CSS, Dublin, Georgia 31040.

If you have witnesses, books, receipts, or other writings bearing on this claim, you should bring them with you at the time of the hearing.

If you wish to have witnesses summoned, see the court at once for assistance.

If you have any claim against the plaintiff, you should notify the court at once.

IF YOU ADMIT THE CLAIM, AND WANT TO SCHEDULE WEEKLY, BI-WEEKLY OR MONTHLY PAYMENTS, YOU SHOULD CALL THE OFFICE OR CHIEF MAGISTRATE, 478-296-0700, AND SCHEDULE AN APPOINTMENT WITHIN TEN (10) DAYS AFTER YOU ARE SERVED.

You may come with or without an attorney.

Magistrate/Clerk of Laurens County

RETURN OF SERVICE

A copy of this Statement of Claim and Notice served upon the Defendant, _____, personally on the _____ day of _____, 20____ by PERSONALLY handing a copy to him/her; OR

By leaving a copy at the Defendant's Residence, _____, with _____, A PERSON OF SUITABLE AGE AND DISCRETION RESIDING WITH DEFENDANT on the _____ day of _____, 20____.

SHERIFF/DEPUTY SHERIFF/CONSTABLE

JUDGMENT

Judgment by Default on Evidence is this day rendered in favor of Defendant Plaintiff and AGAINST Plaintiff Defendant upon the terms herein stated in the amount of: \$ _____; Cost Taxed as follows: \$ _____ against the Plaintiff Defendant.

EXECUTION ISSUED STAYED

This _____ day of _____, 20__.

Chief Magistrate/Presiding Magistrate

CONSENT JUDGMENT

The Plaintiff and Defendant agree that a judgment shall be entered in this case. As evidenced by the signatures below, it is hereby ORDERED AND ADJUDGED that judgment(s) be rendered in favor of the Plaintiff and against the Defendant(s) for the sum of \$ _____, PLUS \$ _____, costs and post-judgment interest as provided by O.C.G.A. §7-4-12.

Parties further agree that defendant shall be allowed to make payments on this indebtedness at the rate of \$ _____ weekly biweekly monthly thereafter until paid in full.

NO Fi. FA. WILL ISSUE AND NO GARNISHMENT OR OTHER ACTION WILL BE PERMITTED on said judgment for so long as payments are timely begun and timely paid, as agreed herein. Should the defendant fail to pay a payment or SHOULD A PAYMENT BE PAID MORE THAN THREE DAYS BEYOND THE DUE DATE, the Clerk of Courts shall issue a Fi.Fa. in the amount then outstanding upon written notification from the plaintiff establishing that payments have not been made in accordance with this judgment and with said notification further stating the amount of the unpaid balance.

All payments shall be paid to: _____

Consented to:

Approved this _____ day of _____, 20__

Plaintiff

Chief Magistrate/Presiding Magistrate

Defendant

Defendant

Note: Plaintiff(s)' signature needed only if amount changed. (See UMCR 43 & 44)

CASE NO. MC _____ MAGISTRATE COURT OF LAURENS COUNTY, GEORGIA	_____ (Plaintiff)	_____ (Address)	_____ -VS-	_____ (Defendant)	_____ (Address)	Answer Filed: _____ Hearing Scheduled: _____ Notices Mailed to Plaintiff and Defendant(s): _____	DISPOSITION Judgment: _____ Dismissed: _____	THIS IS A LAWSUIT MAGISTRATE COURT OF LAURENS COUNTY
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