

**MAGISTRATE COURT OF JACKSON COUNTY  
STATE OF GEORGIA**

DATE: \_\_\_\_\_

CIVIL ACTION #: \_\_\_\_\_

PLAINTIFF (Name & Address)

DEFENDANT (Name & Address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VS.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone No. \_\_\_\_\_

Phone No. \_\_\_\_\_

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**ANSWER / COUNTERCLAIM OF DEFENDANT**

**(Attach additional sheets as needed)**

I admit the claim to the plaintiff.

I request a payment schedule.

I deny the claim of the plaintiff as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I counterclaim against the plaintiff as follows. (You must include a brief statement giving reasonable notice of the basis for each claim contained in the counterclaim. Attach additional sheets as needed.)

\_\_\_\_\_ being first duly sworn on oath says the facts set forth in the foregoing Answer and/or Counterclaim are true and correct.

Sworn and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**Defendant or Agent**

\_\_\_\_\_  
**Deputy Clerk/Notary Public**

\_\_\_\_\_  
**(If Agent – Title or Capacity)**

**Certificate of Service**

**I hereby certify that I have served a copy of this Answer and/or Counterclaim upon the Plaintiff(s) in the following manner:**

( ) **hand delivering a copy to that party**

( ) **mailing a copy by First Class Mail to the address listed below:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**Defendant(s)**

**If mailing: PO Box 7 Jefferson, Georgia 30549  
In person: 5000 Jackson Parkway, Suite 150 Jefferson, Georgia 30549**