GEORGIA, FULTON COUNTY **DO NOT WRITE IN THIS SPACE**

STATE COURT OF FULTON COUNTY
Civil Division

CIVIL ACTION FILE #: _____

_____
_____
_____
Plaintiff's Name, Address, City, State, Zip Code

vs.

_____
_____
_____
Defendant's Name, Address, City, State, Zip Code

TYPE OF SUIT	**AMOUNT OF SUIT**
[ ] ACCOUNT	PRINCIPAL $_____
[ ] CONTRACT	
[ ] NOTE	INTEREST $_____
[ ] TORT	
[ ] PERSONAL INJURY	ATTY. FEES $_____
[ ] FOREIGN JUDGMENT	
[ ] TROVER	COURT COST $ _____
[ ] SPECIAL LIEN	
**********	
[ ] NEW FILING	
[ ] RE-FILING: PREVIOUS CASE NO. _____	

SUMMONS

TO THE ABOVE NAMED-DEFENDANT:

You are hereby required to file with the Clerk of said court and to serve a copy on the Plaintiff's Attorney, or on Plaintiff if no Attorney, to-wit:

Name: _____

Address: _____

City, State, Zip Code: _____ Phone No.:_____

An answer to this complaint, which is herewith served upon you, must be filed within thirty (30) days after service, not counting the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint, plus cost of this action. **DEFENSES MAY BE MADE & JURY TRIAL DEMANDED**, via electronic filing or, if desired, at the e-filing public access terminal in the Self-Help Center at 185 Shirley C. Franklin Blvd., S.W., Ground Floor, Room J1-G300, Atlanta, GA 30303.

Che' Alexander, Chief Clerk (electronic signature)

SERVICE INFORMATION:

Served, this _____ day of _____, 20_____. _____
DEPUTY MARSHAL, STATE COURT OF FULTON COUNTY

WRITE VERDICT HERE:
We, the jury, find for _____

_____

This _____ day of _____, 20_____. _____ Foreperson

(STAPLE TO FRONT OF COMPLAINT)