

**IN THE MAGISTRATE COURT OF DOUGLAS COUNTY
STATE OF GEORGIA**

Plaintiff(s) _____

VS

Case Number _____

Defendant(s) _____

ANSWER FOR AFFIDAVIT FOR SUMMONS OF DISPOSSESSORY

1. Printed name of Defendant(s) filing Answer: _____
2. The address at which I desire to receive my hearing notice is as follows: _____

3. I agree to receive my notice of hearing by **ordinary mail**; or I would prefer to receive said notice by **registered mail**, which will be a \$27.00 charge, or **certified mail** for a \$12.00 charge. (circle one)
4. My daytime phone number is: _____
5. My email address is: _____
6. My answer is as follows: _____

This _____ day of _____, 20 _____. _____

Defendant

CERTIFICATE OF SERVICE

This is to certify that I have this day served the Plaintiff or his/her attorney with a copy of this Answer by mailing a copy of the Answer in a properly addressed envelope, with sufficient First-Class postage affixed thereon, by the United States Postal Service to the address given by the Plaintiff on the Summons of Dispossessory Warrant.

This _____ day of _____, 20 _____. _____

Defendant