

IN THE MAGISTRATE COURT OF WALTON COUNTY, STATE OF GEORGIA

COUNTERCLAIM

Civil Action #: _____

VS.

(Plaintiff)

(Defendant)

(Address)

(Address)

(City, State, Zip Code)

(City, State, Zip Code)

(Area Code) Phone Number

(Area Code) Phone Number

NOW COMES, _____, the Defendant in the above styled case, to file this counterclaim. Said Counterclaim is filed for:

***Court use only
Date/Time stamp filed***

[Empty rectangular box for court use stamp]

WHEREFORE, Defendant prays for judgment against Plaintiff in the above styled action for reasons stated and that counterclaim should be granted and awarded in the amount of \$ _____, plus cost of this action.

Plaintiff signature

Notary Public/Attesting Official

This Counterclaim submitted to the Magistrate Court on this _____ day of _____, 20_____.

Answer can mailed or faxed to: Walton County Magistrate Court
303 South Hammond Drive, Suite 116
Monroe, Georgia 30655

Office#: 770-267-1349
Fax# : 770-266-1512

The answer MUST be received in the Magistrate Court prior to the deadline to submit said answer.