IN THE MAGISTRATE COURT OF WALTON COUNTY, STATE OF GEORGIA

	Civil Action #:		
PLAINTIFF:		DEFENDANT:	
Name	VS	Name and Date of birth	
Address		Address	
City, State, Zip Code	-	City, State, Zip Code	
(Area Code) Phone number	-	(Area Code) Phone number	
TO:	rom the date of se lay falls on a Satu ath day from the d hin seven (7) days venth day is a Sat Sunday, or a lega rate Court of Walt	attorney to file with the Clerk of vice for the within affidavit and rday, a Sunday, or a legal holiday, ate of service, the Defendant(s) may after the date of default urday, a Sunday, or a legal holiday, l holiday. The last possible date on	*Court use only Date/Time stamp filed*

WITNESS the Honorable Mike Burke, Magistrate Judge of said Court.

This _____, 20 _____,

Clerk/Deputy Clerk, Magistrate Court, Walton County