

STATE COURT OF DEKALB COUNTY
GEORGIA, DEKALB COUNTY

No. _____

Date Summons Issued and Filed

Deputy Clerk

SUMMONS

Deposit Paid \$ _____

(Plaintiff's name and address)

ANSWER

vs.

JURY

(Defendant's name and address)

TO THE ABOVE-NAMED DEFENDANT:

You are hereby summoned and required to file with the Clerk of State Court, Suite 230, 2nd Floor, Administrative Tower, DeKalb County Courthouse, 556 N. McDonough Street, Decatur, Georgia 30030 and serve upon the plaintiff's attorney, to wit:

(Name)

(Address)

(Phone Number)

(Georgia Bar No.)

an **ANSWER** to the complaint which is herewith served upon you, within thirty (30) days after service upon you, exclusive of 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.)

Defendant's Attorney

Third Party Attorney

Address

Address

Phone No.

Georgia Bar No.

Phone No.

Georgia Bar No.

TYPE OF SUIT

Account

Personal Injury

Principal

\$ _____

Contract

Medical Malpractice

Interest

\$ _____

Note

Legal Malpractice

Atty Fees

\$ _____

Trover

Product Liability

Other

Transferred From _____

(Attach BLUE to Original and WHITE to Service Copy of complaint)