

IN THE MAGISTRATE COURT OF HALL COUNTY  
STATE OF GEORGIA

Name of person suing - injured person - you!

\_\_\_\_\_  
Plaintiff

your current mailing address - make sure it's current- that's where you will receive trial notice from court. Preferrably no POBOX.

\_\_\_\_\_  
Street Address

Best number for you

\_\_\_\_\_  
City, State, Zip Phone

v.

Case No. leave blank

Person at fault, person who hit your car

\_\_\_\_\_  
Defendant

address from police report

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Phone

STATEMENT OF CLAIM

The above-named Defendant IS is (are) subject to the jurisdiction of this Court.

Defendant is indebted to the Plaintiff in the amount of \$ DIMINISHED VALUE AMOUNT + EXPENSES + \$5000 BAD FAITH PURSUANT TO OCGA 33-4-7

The Plaintiff's claim against the Defendant is based on the following:

\_\_\_\_\_

DEFENDANT DAMAGED MY VEHICLE DURING A TRAFFIC ACCIDENT AND IS REFUSING TO COMPENSATE ME PROPERLY FOR MY LOSS IN VALUE.

\_\_\_\_\_

Wherefore, Plaintiff demands Judgment against the Defendant for the sum of \$ AMOUNT FROM ABOVE plus costs.

VERIFICATION

Georgia, \_\_\_\_\_ County

\_\_\_\_\_ being first duly sworn on oath, says the foregoing is a just and true statement of the amount owing by Defendant to Plaintiff, exclusive of all setoffs and just grounds of defense.

Sworn to and subscribed before me,  
this \_\_\_\_\_ day of \_\_\_\_\_, 2014

\_\_\_\_\_  
Notary Public (or Attesting Official)

\_\_\_\_\_  
Plaintiff (or Agent)

NOTICE AND SUMMONS

To \_\_\_\_\_

\_\_\_\_\_

Defendant/Home Address

or  
c/o \_\_\_\_\_

\_\_\_\_\_

Business Address

For Assistance & Further Information  
Call (770) 531-6912, Ext. 1

You are hereby notified that \_\_\_\_\_ has made a claim and is requesting judgment against you in the sum of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_), as shown by the foregoing statement. The Court will hold a hearing upon this claim in the Magistrate Courtroom, 2nd Floor, Hall County Courthouse, 225 Green Street, Gainesville, Georgia at a time to be set after your answer is filed. YOU ARE REQUIRED TO FILE OR PRESENT TO THE CLERK OF SAID COURT AN ANSWER TO THIS CLAIM WITHIN 30 DAYS AFTER SERVICE OF THIS CLAIM UPON YOU. IF YOU DO NOT ANSWER, JUDGMENT WILL BE ENTERED AGAINST YOU. YOUR ANSWER MAY BE FILED IN WRITING OR MAY BE GIVEN ORALLY TO THE JUDGE IN PERSON OR TO THE CLERK. You are required to be present at the hearing in order to avoid a judgment by default against you. If you have witnesses, books, receipts or other writings bearing on this claim, you should bring them with you at the time of hearing. If you wish to have witnesses summoned, see the Court at once for assistance. If you have any claim against the Plaintiff, you should notify the Court at once. If you admit the claim, but desire additional time to pay, you must still answer and come to the hearing in person and state the circumstances to the Court. You may come with or without an attorney.

\_\_\_\_\_  
Clerk/Deputy Clerk