

No. _____

**STATE COURT OF DEKALB COUNTY
GEORGIA, DEKALB COUNTY**

Date Summons Issued and E-Filed

SUMMONS

Deputy Clerk _____

Deposit Paid \$ _____

Plaintiff's name and address

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.

Defendant's Attorney _____

Third Party Attorney _____

Address _____

Address _____

Phone No. _____ Georgia Bar No. _____

Phone No. _____ Georgia Bar No. _____

TYPE OF SUIT

- Personal Injury Products Liability
- Contract Medical Malpractice
- Legal Malpractice Product Liability
- Other

Principal \$ _____

Interest \$ _____

Atty Fees \$ _____

To indicate consent to e-service check the box below

(Plaintiff consents to e-service pursuant to OCGA 9-11-5 (f). The email address for service appears in the complaint.