NO_____

MAGISTRATE COURT

SUMMONS OF DISPOSSESSORY WARRANT

_____

Plaintiff

_____

Address

_____

VS

_____

Defendant

_____

Address

_____

Filed In This Office:_____

_____

Plaintiff's Attorney

_____

Plaintiff's Phone Number

For Office Use Only
Please DO NOT write in this box.

Certificate of Service

This is to certify that I have this day served the Plaintiff or his/her attorney with a copy of this Answer by mailing a copy of the Answer in a properly addressed envelope, with sufficient First-Class postage affixed thereon, by the United States Postal Service to the address given by the Plaintiff on this Summons of Dispossessory Warrant.

This _____ day of _____, 20_____.

_____

Defendant's Signature

_____

Print Name of Defendant(s) Filing Answer

ANSWER OF DEFENDANT

_____

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This _____ day of _____, 20___

_____

Defendant's Signature

_____

Defendant's Phone Number