

OFFICE USE ONLY

DATE FILED:

CASE NO.

CLERK INITIALS:

GILMER COUNTY MAGISTRATE COURT
CIVIL APPLICATION FORM

PLAINTIFF(s): Person(s) or Business (& agent) filing this action

Name: Phone:
Mailing Address: City: State: Zip Code:
Agent: Address: Phone:

DEFENDANT(s): Person(s) or Business whom action is being taken on (PHYSICAL ADDRESS IS REQUIRED)

Name: Phone:
Physical Address: City: State: Zip Code:
Mailing Address: City: State: Zip Code:
Agent: Address: Phone:

DEFENDANT'S PLACE OF EMPLOYMENT:

Name Phone:
Physical Address: City: State: Zip Code:
Agent: Address: Phone:

PLEASE CHECK THE ACTION YOU WISH TO FILE:

STATEMENT OF CLAIM (Someone owes me money, breach of contract or civil wrong)
TROVER (civil action) (List all the items and the value of each item)
DISPOSSESSORY (Landlord/Tenant action, writ to obtain legal possession of rented property)
FORECLOSURE (Written security interest required) (Writ to pick up personal property)
ABANDONED MOTOR VEHICLE

REASON FOR FILING SAID CLAIM:

Empty text area for Reason for Filing Said Claim.

AMOUNT YOU ARE FILING FOR:

Empty text area for Amount You Are Filing For.