

STATE OF SOUTH CAROLINA)
)
COUNTY OF SPARTANBURG)

IN THE MAGISTRATE COURT

_____,)
PLAINTIFF,)
VS.)
_____,)
DEFENDANT.)
_____)
_____)
_____)
ADDRESS)
PHONE NUMBER: _____)
_____)

ANSWER

CASE NO.: _____

PERSONALLY APPEARED BEFORE ME, THE AFFIANT, WHO BEING DULY SWORN, SAYS TO THE BEST OF HIS KNOWLEDGE THE DEFENDANT(S) _____ DOES NOT LIVE IN SPARTANBURG COUNTY.

_____ ADMITS EVERYTHING IN THE COMPLAINT AND DOES NOT WANT A TRIAL

_____ ADMITS THAT HE/SHE IS RESPONSIBLE TO THE PLAINTIFF BUT NOT FOR THE TOTAL AMOUNT CLAIMED BY THE PLAINTIFF BECAUSE _____

_____ DENIES THAT HE/SHE IS RESPONSIBLE AT ALL TO THE PLAINTIFF BECAUSE _____

IF YOU NEED ANY ADDITIONAL ROOM PLEASE WRITE ON THE BACK OR ASK THE CLERK FOR AN ADDITIONAL PIECE OF PAPER

SWORN TO BEFORE ME ON _____)
)
)

DEFENDANT/AGENT

_____)
NOTARY PUBLIC FOR S.C.)

MY COMMISSION EXPIRES: _____