IN THE SUPERIOR COURT OF _____ COUNTY
STATE OF GEORGIA

_____	*	**CIVIL ACTION FILE NO.**
Plaintiff,	*	
	*	
v.	*	
	*	
_____	*	
	*	
	*	
Defendant.	*	

AFFIDAVIT OF _____
NAME

My name is _____. My address is _____. My telephone number is (_____) _____. I am over eighteen years of age. I am not suffering under any mental disability and am competent to give this sworn affidavit.

I am able to read and write and to give this affidavit voluntarily and on my own free will and accord. No one has used any threats, force, pressure, or intimidation to make me sign this affidavit. I make this affidavit in support of the truth.

_____

_____

_____

_____

_____

_____

Form #:FL104(b)
Revised 07/2009
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