

**STATE OF SOUTH CAROLINA
COUNTY OF CHESTER
(Print Information)**

**Civil Case Number
IN THE MAGISTRATES COURT**

PLAINTIFF'S NAME

PLAINTIFF'S ADDRESS

CITY, STATE, ZIP

PHONE NUMBER

VS

DEFENDANT'S NAME

DEFENDANT'S ADDRESS

CITY, STATE, ZIP

PHONE NUMBER

SUMMONS AND COMPLAINT

To the defendant, _____, you are summoned and required to answer the allegations of the attached complaint. You have thirty days from the first day after being served to answer. You must return your answer to the Magistrate's Office located at 2740 Dawson Drive, Chester, SC 29706. If you fail to answer within the allowed time a judgment will be entered against you for the amount or other requested in the attached complaint plus cost and interest.

I, _____, the plaintiff in this civil action do make the following claims:

I believe that the defendant, _____, is a resident or business of Chester County, located at _____, which is in Chester County jurisdiction.

I make this complaint on the following:

I believe, because of the above information, that I am entitled to and do request a judgment for \$ _____ and / or other relief as below requested: including any costs in this action

Plaintiff: A person who brings a case against another in a court of law
Defendant: A person or business whom a civil action is brought against

Affidavit and Itemization of Accounts:

Plaintiff, _____, personally appear before me, who, being duly sworn states that he/she is the plaintiff in this action and the itemization of accounts as follows is true and correct.

He / She further states that no part of the sum included in the itemization below has been paid or satisfied in anyway and today due and owed to him / her.

Itemization of Accounts

	\$
	\$
	\$
	\$
	\$
	\$
	\$
	Total \$

(Copies of bills, papers and or other proof of the above accounts should be attached to this document)

I state under penalty of statue 16-9-10 that the above is correct and truthful

PLAINTIFF

DATE

ON THIS _____ DAY OF _____, _____

NOTARY OF PUBLIC FOR SOUTH CAROLINA

MY COMMISSION EXPIRES: _____