

**IN THE SUPERIOR COURT OF \_\_\_\_\_ COUNTY  
STATE OF GEORGIA**

\* **CIVIL ACTION FILE NO.**

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**Plaintiff,**

v.

,

**Defendant.**

AFFIDAVIT OF \_\_\_\_\_

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PAGE \_\_\_\_\_ of \_\_\_\_\_**

**NAME: \_\_\_\_\_**





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**NAME:** \_\_\_\_\_