

**IN THE MAGISTRATE COURT OF EFFINGHAM COUNTY
STATE OF GEORGIA**

CASE No. _____

PLAINTIFF(S)

MAILING ADDRESS

CITY, STATE AND ZIP CODE

DAYTIME CONTACT NUMBER

EMAIL ADDRESS

DEFENDANT(S)

PHYSICAL ADDRESS

MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL)

CITY, STATE AND ZIP CODE

DAYTIME CONTACT NUMBER

**AMENDMENT
AMOUNT CLAIMED**

The Plaintiff in the above styled action hereby amends the amount claimed due in his/her Statement of Claim from \$ _____ to \$ _____.

Explanation of amended amount: _____

This _____ day of _____, 20____.

Plaintiff/ Plaintiff's Attorney

Deputy Clerk/ Clerk