| | CIVIL CASE NUMBER |
|--|---|
| STATE OF SOUTH CAROLINA) | IN THE MAGISTRATE'S COURT |
| COUNTY OF) | |
|) | |
| PLAINTIFF) | |
| STREET ADDRESS) | /)) |
| CITY, STATE ZIP) | |
| TELEPHONE) | |
| VS. | ANSWER |
| DEFENDANT(S) | |
| STREET ADDRESS) | |
| CITY, STATE ZIP | |
| TELEPHONE) | |
| On I was served with a Complaint requiring me to answer within thirty days from the date of service. My Answer, which is hereby filed with the Magistrate Court, is as follows: | |
| CHECK ONE: | |
| A. I contest the jurisdiction of the court based on the following: (use additional pages if necessary) | |
| B. I admit everything in the complaint and do not want a trial. C. I admit that I am responsible, but not for the total amount claimed by the Plaintiff(s) because: (use additional pages if necessary) | |
| D. I deny that I am responsible at all because: (use additional pages if necessary) | |
| You must file this docum | nent with the Court within thirty days. |
| THE DEFENDANT STATES THAT THE INFORMATION CONTAINED IN THIS ANSWER IS TRUE AND CORRECT TO THE BEST OF HIS KNOWLEDGE. | |
| Dated: | |
| Signature of Defendant (or his attorney) | |

KEEP A COPY OF THIS ANSWER AND BRING IT TO COURT

SCCA/703 (Amended 08/2009)