

Purpose of form:

To acknowledge service of process for each defendant and gain an additional 30 days in which to file an answer.

To lessen the cost of litigation and to permit the defendant to have an additional time period to file an answer. This applies to civil cases only, and would not be appropriate for dispossessory actions, foreclosures of motor vehicles or other criminal proceedings.

**Helps Plaintiff**

Expedites service in appropriate cases.

Saves the additional court costs of paying the sheriff's department to serve process.

**Helps Defendant**

Saves the additional court costs of paying the sheriff's department to serve process. These costs would be assessed against defendant if defendant loses the case.

Grants the defendant an additional 30 days to file an answer.

Avoids the possible embarrassment of being publicly served with process by a deputy in uniform in a marked patrol car.

MAGISTRATE COURT OF \_\_\_\_\_ COUNTY, GEORGIA

Date Filed \_\_\_\_\_

Case No: \_\_\_\_\_

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

Plaintiff(s) Name, Address  
vs

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

Defendant(s) Name, Address

**WAIVER OF SERVICE OF SUMMONS &  
ACKNOWLEDGMENT THAT ANSWER TO  
THE COMPLAINT**

---

**MUST BE FILED WITHIN 60 DAYS FROM THE DATE ON WHICH THIS WAIVER  
WAS SERVED UPON ME**

To the Plaintiff or Plaintiff's attorney: \_\_\_\_\_

\_\_\_\_\_

I acknowledge receipt of your request that I waive service of a summons in the above listed civil action for which the case number is set forth above, and which was filed in the Magistrate Court of the State of Georgia in and for the County of \_\_\_\_\_. I have also received a copy of the complaint in the action, two copies of this instrument, and a means by which I can return the signed waiver to you without cost to me. I understand that I am entitled to consult with my own attorney regarding the consequences of my signing this waiver. I stipulate and agree that I will be voluntarily bound by the provisions of O.C.G.A. 9-11-4 concerning this service of process.

I agree to save the cost of service of a summons and an additional copy of the complaint in this lawsuit by not requiring that I (or the entity on whose behalf I am acting) be served with judicial process in the manner provided by the Georgia Rules of Civil Procedure.

I (or the entity on whose behalf I am acting) will retain all defenses or objections to the lawsuit or to the jurisdiction or venue of the court except for objections based on a defect in the summons or in the service of the summons.

I understand that a judgment may be entered against me (or the entity on whose behalf I am acting) if an answer is not served upon you & filed with the clerk, within 60 days after the date this waiver was originally sent to me, (see the date of the original Notice of Lawsuit & Request for Waiver of Service) or within 90 days after that date if the request for the waiver was sent outside the United States.

Signed:	
---------	--

Print Name of Defendant: <b>(Each Defendant must sign a separate waiver.)</b>	
Or, Name of Corporate Defendant	
Print name of person signing on behalf of corporate defendant & state title of such person.	

**File the original of this document with the Clerk, Magistrate Court,  
\_\_\_\_\_ & mail a copy to Plaintiff/Plaintiff's attorney.**

**CERTIFICATE (PROOF) OF SERVICE TO OPPOSING PARTY**

I hereby certify that I \ ] have mailed; \ ] will mail immediately upon filing; a copy of the following listed document that I have filed with the clerk of court.

**Waiver of Service of Process**

Plaintiff/ Plaintiff's Atty.	
Address	
City, State & Zip	

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Phone number