

The following information is needed to aid the Pearl River County Justice Court in processing the civil suit you are filing.

PLAINTIFF'S INFORMATION:

(PERSON FILING SUIT)

NAME: _____

ADDRESS: _____

CITY, ST., ZIP: _____

PHONE NUMBER: _____

DEFENDANT'S INFORMATION:

(PERSON YOU ARE FILING SUIT AGAINST)

NAME: _____

ADDRESS: _____

CITY, ST., ZIP: _____

PHONE NUMBER: _____

RACE	SEX	DOB	SOCIAL SEC. #

DID THE TRANSACTION TAKE PLACE IN PEARL RIVER COUNTY? _____

IN WHICH COUNTY DOES THE DEFENDANT LIVE? _____

DIRECTIONS TO THE DEFENDANT'S RESIDENCE:

AFFIDAVIT TO OPEN ACCOUNT

STATE OF MISSISSIPPI
PEARL RIVER COUNTY

Personally appeared before me the undersigned, a Justice Court Clerk of said County, _____

_____ who being by me duly sworn, says the account hereto
(PLAINTIFF)

attached for _____ Dollars \$ _____
(AMOUNT)

against _____ is correct as stated, and that no part has been
(DEFENDANT)

paid except as has been credited, and the same is still due and remains unpaid by the part _____
_____ against whom it is charged.

NAME: _____

BUSINESS: _____

Sworn to and subscribed before me, at _____ M. this _____ day of _____, _____.

Justice Court Clerk

IN THE JUSTICE COURT OF PEARL RIVER COUNTY, MISSISSIPPI

(PLAINTIFF)

DOCKET _____
PAGE _____

VS.

(DEFENDANT)

COMPLAINT FOR DAMAGES

I am _____ . I live at _____
_____ (county, state). Telephone # _____

The Defendant is _____ and lives at _____
_____. On the _____ day of _____,

_____ (describe what happened below). If you need more space, put on back.
[NAME OF PERSON(S) BEING SUED]

Because of what happened, I was damaged as follows: (Set out the amount of each item damaged.) _____

My total damages are _____. I want and demand that _____
(DEFENDANT)

pay me the total of my damages because he/she is liable to me because: _____

_____ - (DO NOT SIGN UNTIL YOU HAVE SWORN THIS INFO INTO A JUSTICE COURT CLERK.)
SIGNATURE OF PLAINTIFF

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____,

JUSTICE COURT CLERK

Please see the Civil Page of our website for qualifications to remove a tenant.

AFFIDAVIT TO REMOVE TENANT

STATE OF MISSISSIPPI
PEARL RIVER COUNTY

The plaintiff's name, address and telephone number is:

NAME: _____

STREET: _____

CITY, ST. AND ZIP: _____

TELEPHONE NUMBER: _____

Before me, the undersigned Justice Court Clerk/Deputy Clerk in and for Pearl River County, Mississippi,

Landlord makes oath to the best of his knowledge and belief that _____

Defendant/tenants, after the expiration of their term and without the permission of affiant, holds over and refuses to deliver possession of the following described property, to-wit:

in said County and State; that there is now due said Defendant the sum of \$ _____ rent and the necessary notice according to law has been given to terminate such tenancy, and that satisfaction of said rent cannot be obtained by distress of the goods, ware and chattels of the said tenant and the affiant demands:

COUNT ONE: That the said _____ be removed from the premises.

COUNT TWO: That a money judgment for the rent now due in the amount of \$ _____ plus the rent to become due to the date of judgment \$ _____, be rendered against the said tenant plus court cost in this cause to accrue \$ _____, for total amount of \$ _____.

(DO NOT SIGN UNTIL YOU HAVE SWORN INFO INTO A COURT CLERK.)

SIGNATURE OF PLAINTIFF

Sworn to and subscribed before me this the _____ day of _____, _____.

JUSTICE COURT CLERK