



State of South Carolina	In the Magistrates Court
County of _____	

Plaintiff: _____	Civil Case Number _____
vs.	
Defendant(s): _____	

Answer

You must file this document with the Court within thirty (30) days.

Plaintiff Information:

Street Address: _____

City, State Zip: _____

Telephone: _____

Defendant(s) Information:

Street Address: _____

City, State Zip: _____



Telephone: _____

Email Address: _____

On [Fill in Date Served with a Complaint] _____ (Date) I was served with a Complaint requiring me to answer within thirty (30) days from the date of service. My Answer, which is hereby filed with the [Fill in Magistrate Court Filed With] _____ Magistrate Court, is as follows:

Check One:

I contest the jurisdiction of the court based on the following:

[Fill in Reason of Contestation, Use Additional Pages if Necessary]:

(use additional pages if necessary)

I admit everything in the complaint and do not want a trial.

I admit that I am responsible, but not for the total amount claimed by the Plaintiff(s) because:

[Fill in the Reason Not Responsible for Total Amount Claimed. Use Additional Pages if Necessary]:

(use additional pages if necessary)



**SOUTH CAROLINA
JUDICIAL BRANCH**

I deny that I am responsible at all because:

[Fill in Reason Not Responsible at All For Amount Claimed. Use Additional Pages if Necessary]:

(use additional pages if necessary)

The defendant States that the information contained in this answer is true and correct to the best of their knowledge.

Date [Fill in Date Signed]

Signature of Defendant (or their attorney)

Keep a copy of this answer and bring it to Court