

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

REQUEST FOR WRIT OF FIERI FACIAS

DATE: _____

PLAINTIFF

CIVIL ACTION NO. _____

VS.

DEFENDANT

Please issue a Writ of Fieri Facias on the above referenced civil action, in the amount of \$ _____, as follows:

Principal	\$ _____
Pre judgment interest	\$ _____
Attorney Fees	\$ _____
Court Cost	\$ _____
(Minus Payments)	\$ _____
Post judgment interest @ _____ % APR	\$ _____
Fi. Fa. Cost	\$ 9.00
Other Costs	\$ _____
Total	\$ _____ (Should match above amount)

Signature

Address

Phone Number