

**IN THE MAGISTRATE COURT OF GRADY COUNTY  
STATE OF GEORGIA  
250 North Broad Street, Box 2 Cairo, GA 39828 / (229) 377-4132**

**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	\$ 29.00
Other Costs	\$ _____
Total	\$ _____ (Should match above amount)

\_\_\_\_\_  
Signature

\_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number