

Winston County Justice Court
P. O. Box 327
Louisville, MS 39339
(662) 773-6016 or 773-9479
Fax (662) 773-8817

EVICTION

Docket _____ Page _____ Case #: _____ Judge: _____ Court Date: _____

Plaintiff's Name: _____

Address: _____

City, State, Zip Code: _____

Telephone number: _____

Defendant's Name: _____

Address: _____

City, State, Zip Code: _____

Telephone number: _____

Defendant's Social Security Number: _____

Defendant's Employment/Place of business: _____

County to be served: _____

I hereby request that the above the tenant be removed from the property listed above and past due rent in the amount of _____ + court costs _____

Basis for Claim: _____

Plaintiff's Signature: _____

Witnessed by: _____