

**LANDLORD OR AGENTS AFFIDAVIT TO REMOVE TENANT
HOLDING OVER WITHOUT PERMISSION**

Case # _____ Receipt # _____

Court Date: _____ Time: _____

STATE OF MISSISSIPPI

DESOTO COUNTY

PLEASE PRINT LEDGIBLY

Before the undersigned Justice Court Judge/Clerk of said county:

PLAINTIFF: _____

MAILING address: _____

City _____ State _____ Zip _____

Makes oath that: **Defendant # 1.** _____

Defendant # 2. _____

Tenant after the expiration of his term, and without permission of this affiant, holds over and refuses to deliver possession of the following described premises to wit:

Residence: _____

City _____ State _____ Zip _____

SERVE AT: _____ **COUNTY** _____

_____ \$ _____

_____ \$ _____

_____ Filing Fee \$ _____

_____ Total \$ _____

Date WRITTEN notice was given _____ that the said tenant(s) neglected to pay said rent: or any part thereof, and the necessary notice, according to law, has been given to terminate such tenancy.

Plaintiff _____

Daytime Phone: _____

SWORN TO AND SUBSCIBED before me this, the _____ day of _____, 200__.

Justice Court Clerk - By: _____