Magistrates Retirement Fund of Georgia
1210 Greenbelt Drive, Griffin, GA 30224
phone: 770-228-8461 | fax: 770-412-1236
www.mrf.georgia.gov | email: mrf@rfga.us

State of Georgia
County of _____

Due annually by May 1st.

SALARY AFFIDAVIT

Reflecting total salary received at year-end: _____

Now comes _____
NAME

after being duly sworn, states that he/she is serving as Chief Magistrate Judge of _____
COUNTY NAME

County and received an annual Magistrate Judge gross salary in the amount of $ _____
SALARY AMOUNT

during the calendar year _____.

This _____ day of _____ 20 _____ .

Signature: _____

Printed Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone #: _____

Personal Email: _____

Notary Signature: _____

My commission expires: _____