

Small Claim Information Sheet

“PLAINTIFF (1)”

FULL LEGAL NAME

ADDRESS

CITY STATE ZIP

AREA CODE TELEPHONE NUMBER

“PLAINTIFF (2)”

FULL LEGAL NAME

ADDRESS

CITY STATE ZIP

AREA CODE TELEPHONE NUMBER

“DEFENDANT (1)”

FULL LEGAL NAME

ADDRESS

CITY STATE ZIP

AREA CODE TELEPHONE

“DEFENDANT (2)”

FULL LEGAL NAME

ADDRESS

CITY STATE ZIP

AREA CODE

IS THE DEFENDANT(S) PRESENTLY IN THE MILITARY OR NAVAL SERVICE OF THE UNITED STATES? YES[] NO[]

COMPLAINT:

AMOUNT CLAIMED: \$ _____, WITH INTEREST AT THE STATUTORY RATE, PLUS COSTS.

THE ABOVE COMPLAINT IS TRUE TO THE BEST OF MY BELIEF.

PLAINTIFF(S)

IF THE DEFENDANT(S) REFUSES THE CERTIFIED MAIL FOR SERVICE OF THE SMALL CLAIM, I REQUEST THAT THE COURT SEND IT OUT REGULAR MAIL.

PLAINTIFF(S)

***Please be advised if the services of a court reporter and or a transcript for an appeal are necessary, the parties are responsible for the hiring and payment of those services.**