

PARTIES

PLAINTIFF: (Your name and complete address, including your apartment number and telephone number.) [NOTE: If the claim is based on an auto accident, the claim must be Owner against Owner].

Three horizontal lines for entering plaintiff information.

DEFENDANT(S): (The full legal name and street address (no box number) of the party(ies) you are suing. Indicate whether you are suing this party as a person or a business.) [NOTE: If you are suing a business, indicate whether it is a partnership, a corporation or an individual with a business certificate. This information can be obtained in the County Clerk's Office in the county in which the business is located. Failure to check this information may result in a judgment which cannot be executed.]

Three horizontal lines for entering defendant information.

REASON FOR CLAIM: CLAIM
Damage cause to: [] automobile [] person [] property other than automobile
Failure to provide: [] repairs [] proper service [] goods ordered
Failure to return: [] security [] property [] deposit [] money
Failure to pay for: [] wages [] services rendered [] insurance claim [] money loaned
[] rent [] commissions [] goods sold and delivered
Breach of: [] contract [] lease
Loss of: [] luggage [] property [] time from work [] use of property
Returned: [] check (bounced) [] merchandise (not reimbursed)
Other: (Be brief)

Two horizontal lines for other claim details.

DETAILS OF CLAIM:

Amount of Claim: (Limit \$25,000 for each Cause of Action) \$ _____

Date of Occurrence: _____

Place of Occurrence: _____

If Car Accident: YOUR license plate # _____ DEFENDANT'S license plate # _____

Identifying Number(s): _____
(Receipt #, Claim #, Account #, Policy #, Ticket #, etc.)

_____ X _____
Date Signature of Plaintiff