

COWLITZ COUNTY DISTRICT COURT, STATE OF WASHINGTON
 SMALL CLAIMS NOTICE OF CLAIM

S _____
 CASE NUMBER

PLAINTIFF

DEFENDANT

Name	Name
Street	Street
City/State/Zip	City/State/Zip
Phone	Phone

TO THE DEFENDANT-You are hereby notified that the plaintiff has filed a claim against the defendant(s) in the above-entitled court. The reasons for the claim and the amount of the claim are stated below. **ALL PARTIES** listed are directed and required to appear personally in the Small Claims Department of Cowlitz County District Court located at:

312 SW 1st Ave, Kelso WA

On _____, at _____ AM/PM to respond to the claim.

STATEMENT OF CLAIM FOR \$5,000 OR LESS

THE PLAINTIFF SEEKS THE RECOVERY OF MONEY FROM THE DEFENDANT AS FOLLOWS-

The Reason(s) I Claim The Defendant Owes Me Money	Itemized List of Amount(s) The Defendant Owes Me			
	Date Owed	Amount	Description of Amount Owed	Proof
<input type="checkbox"/> Landlord/Tenant Claim I am the <input type="checkbox"/> landlord <input type="checkbox"/> tenant		\$		<input type="checkbox"/> Testimony <input type="checkbox"/> Document
<input type="checkbox"/> Vehicle Claim <input type="checkbox"/> Vehicle was not properly repaired <input type="checkbox"/> Vehicle was repaired but not paid <input type="checkbox"/> Vehicle was damaged <input type="checkbox"/> Purchase/sale of vehicle		\$		<input type="checkbox"/> Testimony <input type="checkbox"/> Document
<input type="checkbox"/> Services Claim <input type="checkbox"/> Services not properly performed <input type="checkbox"/> Services performed but not paid		\$		<input type="checkbox"/> Testimony <input type="checkbox"/> Document
<input type="checkbox"/> Loan was Not Re-Paid		\$		<input type="checkbox"/> Testimony <input type="checkbox"/> Document
<input type="checkbox"/> The Item I Purchased Does Not Work		\$		<input type="checkbox"/> Testimony <input type="checkbox"/> Document
<input type="checkbox"/> My Property Was Damaged		\$		<input type="checkbox"/> Testimony <input type="checkbox"/> Document
<input type="checkbox"/> I Was Injured		\$		<input type="checkbox"/> Testimony <input type="checkbox"/> Document
<input type="checkbox"/> Business Transaction		\$		<input type="checkbox"/> Testimony <input type="checkbox"/> Document
<input type="checkbox"/> NSF (Not Sufficient Funds) Check		\$		<input type="checkbox"/> Testimony <input type="checkbox"/> Document
<input type="checkbox"/> Other (Describe) -		\$		<input type="checkbox"/> Testimony <input type="checkbox"/> Document

Total amount of money I claim the defendant(s) owe(s) me is \$_____ ** This amount may NOT exceed \$5,000**

To The Plaintiff-

The plaintiff must properly complete this Notice of Claim form as follows-

- The plaintiff's failure to specifically list the amount of each item being sought may result in a continuance or denial of that amount.
- The plaintiff **should not** include the filing fee or service fee(s) in the itemized list of amounts being sought.
- Under "Proof," all applicable boxes (testimony and/or document) for each specific itemized amount sought must be checked.
- The plaintiff is responsible for having the defendants served with a copy of this claim and the court clerk cannot assist with service.
- If the plaintiff fails to appear, the plaintiff's claim will be dismissed by the Court.
- If the defendant fails to appear at any hearing, judgment may be entered against defendant for the amount of the claim.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

 DATE AND PLACE OF SIGNING

 PLAINTIFF