

**COWLITZ COUNTY DISTRICT COURT  
CASE INFORMATION COVER SHEET – SMALL CLAIMS**

**Court Case Number** \_\_\_\_\_

Plaintiff/Petitioner: \_\_\_\_\_

Defendant/Respondent: \_\_\_\_\_

Amount of Suit: \$ \_\_\_\_\_

Please check one category that best describes this case for indexing purposes. Accurate case indexing saves time in docketing new cases and assists in forecasting needed judicial resources. Cause of action definitions are listed on this form. Thank you for your cooperation.

- |   |   |
|---|---|
| <input type="checkbox"/> Automobile Damages (AUT)         | <input type="checkbox"/> Open Account (OPA)           |
| <input type="checkbox"/> Breach of Contract (BRE)         | <input type="checkbox"/> Personal Injury (PIN)        |
| <input type="checkbox"/> Commercial Electronic Mail (CEM) | <input type="checkbox"/> Property Damages (PRP)       |
| <input type="checkbox"/> Damage Deposit (DD)              | <input type="checkbox"/> Property Damages-Gangs (PRG) |
| <input type="checkbox"/> Sister State Deposition (DEP)    | <input type="checkbox"/> Rent (REN)                   |
| <input type="checkbox"/> Goods and Services (GS)          | <input type="checkbox"/> Restitution (RES)            |
| <input type="checkbox"/> Lease Agreement (LA)             | <input type="checkbox"/> Services Rendered (SER)      |
| <input type="checkbox"/> Loan (LOA)                       | <input type="checkbox"/> Wages (WAG)                  |
| <input type="checkbox"/> NSF Check (NSF)                  | <input type="checkbox"/> Written Instrument (WR)      |

See Reverse for Case Information Category Definitions

**If you cannot determine the appropriate category, please describe the cause of action below:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please Note: Public information in court files and pleadings may be posted on a public Web site.**

## CASE INFORMATION DEFINITIONS

**Automobile Damages**-Complaint involving damage to an automobile.

**Breach of Contract**-Complaint involving monetary dispute where a contract is involved.

**Commercial Electronic Mail**-Complaint involving receipt of unsolicited commercial email

**Damage Deposit**-Request for return of a damage deposit.

**Sister State Deposition** –Request for a deposition order for a matter from another state; no Suit Amount.

**Goods and Services**-Money owed for goods and services rendered.

**Lease Agreement**-money owed on lease agreement.

**Loan**-Money due on a loan.

**Mental Illness**-Petition for involuntary treatment for an adult who is incapacitated by mental illness.

**Mental Illness-Juvenile** - Petition for involuntary treatment for a juvenile who is incapacitated by mental illness.

**NSF Check**-Check written with non-sufficient funds in the account.

**Open Account**-Money due on a revolving account.

**Personal Injury**-Complaint involving physical injury.

**Property Damage**-Complaint involving damage to property.

**Property Damage –Gangs** –Complaint involving damage to property related to gang activity.

**Rent**-Money due for rent owing.

**Restitution**-Petition for restoring property or proceeds, not an unlawful detainer.

**Services Rendered**- Money due for services rendered.

**Wages**-Money owed for wages earned.

**Written Instrument**-Money owed based upon a written instrument such as a promissory note, contract, etc.

**Other**-Used when other cause codes do not apply.

Updated: 4/17/2020

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

CASE NUMBER \_\_\_\_\_

**PLAINTIFF(S)**

**DEFENDANT(S)**

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

**TO THE DEFENDANT(S)** - You are hereby notified that the plaintiff(s) has filed a claim against you 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 1<sup>st</sup> Ave, Kelso WA**

on \_\_\_\_\_ to respond to the claim.

**STATEMENT OF CLAIM FOR \$10,000 OR LESS IF AN INDIVIDUAL / \$5,000 OR LESS IF A BUSINESS ENTITY**

**THE PLAINTIFF(S) SEEKS THE RECOVERY OF MONEY FROM THE DEFENDANT(S) AS FOLLOWS**

The Reason(s) I Claim The Defendant(s) Owes Me Money	Itemized List of Amount(s) The Defendant(s) 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 \$10,000 if plaintiff(s) is an individual or \$5,000 if plaintiff(s) is a business entity\*\***

**To The Plaintiff -**

- 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(s) **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(s) is responsible for having the defendant(s) served with a copy of this claim and the court clerk cannot assist with service.
- If the plaintiff(s) fails to appear, the plaintiff's claim will be dismissed by the Court.

**To The Defendant(s) -**

- If the defendant(s) fails to appear at any hearing, judgment may be entered against defendant(s) for the amount of the claim.

**To All Parties -**

**You are required to bring two (2) copies of all documentary evidence in support of and/or defense of this claim by the date the Judge gives at pretrial. Exhibits will not be accepted before this date. The Court will not consider any documentary evidence not timely provided at any subsequent hearings.**

**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