

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 1st Ave, Kelso WA

on _____, at 9:00 a.m. 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