

IN THE DISTRICT COURT OF PEND OREILLE COUNTY, WASHINGTON		
PLAINTIFF'S NAME		SMALL CLAIM # _____
ADDRESS		NOTICE OF SMALL CLAIM
CITY	STATE ZIP	
HOME PHONE NO	WORK PHONE NO.	

VS.

DEFENDANT'S NAME		DEFENDANT'S NAME	
ADDRESS		ADDRESS	
CITY	STATE ZIP	CITY	STATE ZIP
PHONE NO.		PHONE NO.	

YOU ARE HEREBY NOTIFIED that the above named Plaintiff has filed a claim against you amounting to \$_____ ; the reasons for which are stated below.

YOU ARE HEREBY FURTHER NOTIFIED to be and appear at **Pend Oreille County District Court 229 South Garden, Newport Washington** on _____ [Date], at _____ a.m../p.m. for **TRIAL**. You are to bring with you any and all papers, contracts and proof needed by you to establish or defend this claim. At the time of trial you must bring any witnesses who will testify on your behalf.

YOU ARE FURTHER NOTIFIED that if you fail to personally appear as directed, a Judgment may be entered against you for the amount claimed, plus Plaintiff's costs of filing and service of the claim upon you. Plaintiff must also appear if a Judgment is to be entered. If Plaintiff fails to appear, the claim may be dismissed. If this claim is settled prior to the hearing date, the parties must notify the Court immediately, in writing.

Clerk

Small Claim # _____

STATEMENT OF CLAIM

I, _____, the undersigned plaintiff, declare that the defendant named above owes me the sum of \$ _____, which became due and owing on _____ [Date].

The amount owed is for: (check all that apply)

___ Faulty Workmanship ___ Merchandise ___ Auto Damages-Date of Accident _____
___ Wages ___ Loan ___ Return of Deposit ___ Rent ___ Property Damage
___ Other _____

Explain reason for claim _____

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed at _____, [City] _____ [State] on _____ [Date].

Signature

Print or Type Name