

SMALL CLAIMS COMPLAINT / AFFIDAVIT

Plaintiff(s) _____

Defendant(s) _____

Address _____

Phone _____

Phone _____

Please check one of the selections below for individuals filing on behalf of corporation or LLC:

Attorney

Bona Fide Officer

Salaried Employee

COMPLAINT: *State in your own words the nature of the Claim.*

AMOUNT CLAIMED \$ _____ (DO NOT INCLUDE COURT COSTS) with statutory interest from the date of judgment OR- interest at the annual rate of _____% from the _____ day of _____, 20____; and court costs.

The undersigned, first being duly sworn, on oath states that he/she is/are the plaintiff or agent for a corporate plaintiff in the above named claim; that said claim is for the payment of money; that the nature of plaintiff's demand is as stated; that there is due to plaintiff(s) from defendant(s) the amount stated above; AND THAT DEFENDANT(S) IS/ARE NOT NOW IN THE MILITARY OR NAVAL SERVICE OF THE UNITED STATES.

The above complaint is true to the best of my belief,

Plaintiff or Plaintiff's Attorney

Plaintiff or Plaintiff's Attorney

Subscribed and sworn to before me, on this _____ day of _____, 20_____.

Deputy Clerk

(seal)

REQUEST FOR ORDINARY MAIL SERVICE IF CERTIFIED MAIL IS REFUSED OR UNCLAIMED:

The undersigned respectfully request service by ordinary mail, same address, or last known address furnished by U. S. Post Office, if attempted service by Certified Mail is returned "Refused" or "Unclaimed".