

**District Court I of Clallam County, Washington**

PLAINTIFF'S NAME		SMALL CLAIM NO. _____
ADDRESS		<b>NOTICE OF SMALL CLAIM</b>
CITY ZIP	STATE	
HOME PHONE NO.	WORK PHONE NO.	

VS.

DEFENDANT'S NAME		DEFENDANT 2'S NAME	
ADDRESS		ADDRESS	
CITY ZIP	STATE	CITY ZIP	STATE
PHONE NO.		PHONE NO.	

**Notice to the Defendant:**

The Plaintiff has filed a claim for money against you. The reasons are explained below.

**The Plaintiff claims you owe:**

\$ \_\_\_\_\_ in principal.

**You must go to court:**

**\*\*CLERK'S ACTION\*\***



**on: Thursday,** \_\_\_\_\_ **at 1:30p.m.**

**Rescheduled,** \_\_\_\_\_ **at 1:30p.m.**

**at:** Clallam County District Court I - 223 E. 4<sup>th</sup> St. Suite 10, Port Angeles, WA 98362

This court hearing is for **MEDIATION**.

If the defendant fails to personally appear as directed, a judgment may be entered against the defendant for the amount claimed, plus Plaintiff's costs of filing and service of the claim.

Plaintiff must appear for a judgment 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 No. \_\_\_\_\_

**STATEMENT OF CLAIM**

I, *(Name)* \_\_\_\_\_, declare that the defendant named above owes me the sum of \$ \_\_\_\_\_ in principal and \$ \_\_\_\_\_ in interest, which was due and owing on *(Date)* \_\_\_\_\_.

The amount owed is for:

- Faulty Workmanship  Merchandise  Auto Damage - Accident Date \_\_\_\_\_
- Wages  Loan  Return of Deposit  Rent  Property Damage
- Other \_\_\_\_\_

Explain reason for claim: \_\_\_\_\_

\_\_\_\_\_

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**Military Service**

The following defendants are in the military service and are covered by the *Servicemember Civil Relief Act*: \_\_\_\_\_

No defendant is covered by the *Servicemember Civil Relief Act*. The facts supporting this claim are: \_\_\_\_\_

\_\_\_\_\_

I do not know if any defendants are covered by the *Servicemember Civil Relief Act*.

I certify under penalty of perjury under the laws of the State of Washington that all the information provided in this petition and any attachments is true and correct.

Signed at (*City and State*): \_\_\_\_\_ Date: \_\_\_\_\_



\_\_\_\_\_

\_\_\_\_\_

*Sign here*

*Print name*