**District Court of Washington, County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| PLAINTIFF’S NAME | **SMALL CLAIM NO.**   |
| ADDRESS | **NOTICE OF SMALL CLAIM** |
| CITY STATE ZIP |
| HOME PHONE NO. | WORK PHONE NO. |

 VS.

|  |  |
| --- | --- |
| DEFENDANT’S NAME | DEFENDANT 2’S NAME |
| ADDRESS | ADDRESS |
| CITY STATE ZIP | CITY STATE ZIP |
| 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; and

$ in interest; totaling

$ .

**You must go to court**:

**on:** at [ ] a.m. [ ] p.m.

*Date Time*

**at:** in

*Court’s Address Room or Department*



*Docket/calendar or judge/commissioner’s name*

This court hearing is for [ ] **PRE-TRIAL** [ ] **TRIAL**. Bring with you any and all papers, contracts, and proof needed by you to establish or defend this claim. You must bring any witnesses who will testify on your behalf to the trial.

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 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

Explainreason for claim:

**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*