

District Court of Washington, County of _____
华盛顿州 县区法院

PLAINTIFF'S NAME 原告姓名		SMALL CLAIM NO. _____ 小额诉讼编号		
ADDRESS 地址		NOTICE OF SMALL CLAIM 小额诉讼通知		
CITY 市	STATE 州			ZIP 邮编
HOME PHONE NO. 家庭电话号码	WORK PHONE NO. 工作电话号码			

VS.
诉

DEFENDANT'S NAME 被告姓名			DEFENDANT 2'S NAME 被告2的姓名		
ADDRESS 地址			ADDRESS 地址		
CITY 市	STATE 州	ZIP 邮编	CITY 市	STATE 州	ZIP 邮编

PHONE NO.
电话号码

PHONE NO.
电话号码

Notice to the Defendant:

被告通知:

The Plaintiff has filed a claim for money against you. The reasons are explained below.
原告已向您提出金钱索赔。原因如下。

The Plaintiff claims you owe:

原告声称您欠款:

\$ _____ in principal; and
\$ _____ 本金; 和
\$ _____ in interest; totaling
\$ _____ 利息; 总计
\$ _____.

You must go to court:

您必须于以下时间和地址到庭:

on: _____ at _____ [] a.m. [] p.m.
日期: _____ 地点: _____ [-] 上午 [-] 下午
Date Time
日期 时间



at: _____ in _____
地点: _____ 于
Court's Address Room or Department
法院地址 房间或部门

Docket/calendar or judge/commissioner's name
案卷/日历或法官/助理法官姓名

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.

本次法庭听证会的目的是[-]预审[-]审判。请携带所有相关文件、合同以及用于证明或抗辩该索赔的证据。您必须带上将为您作证的证人。

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.

如果您未按要求亲自出庭, 法院可能会对您作出判决, 判决金额包括原告所声称的金额以及原告因提起诉讼和送达索赔通知而产生的费用。

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.

原告必须出庭才能做出判决。如果原告未能出庭, 索赔可能会被驳回。如果该索赔在听证会日期之前得到解决, 双方必须立即以书面形式通知法院。

小额诉讼编号

以下被告正在服兵役，并受《军人民事救济法》保护：

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

被告不受到《军人民事救济法》的保护。支持这一索赔的事实是：

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

我不确定是否有被告受《军人民事救济法》的保护。

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.

我特此证明，本申请及任何附件中提供的所有信息均真实准确，如有伪证，愿受华盛顿州法律处罚。

Signed at (*City and State*):_____

签字地点（城市和州）：

Date:_____

日期：

►

Sign here

请在此处签名

Print name

请工整填写姓名