

LOWER District Court of Washington, County of KITTITAS

PLAINTIFF'S NAME		SMALL CLAIM NO. _____
ADDRESS		NOTICE OF SMALL CLAIM
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; and

\$ _____ in interest; totaling
\$ _____.

You must go to court:



on: _____ at _____ [] a.m. [] p.m.
Date Time

at: 205 W 5TH AVE ELLENSBURG WA 98926 in RM 181
Court's Address Room or Department

Judge Paul Sander
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 _____

Explain reason 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