

District Court of Washington for Lower Kittitas County

Plaintiffs Name(s)		Small Claim # _____	
Address		Notice of Small Claim Hearing Date: ____/____/____ at 8:30 AM Place: Lower Kittitas County District Court Kittitas County Courthouse 205 W 5 th Ave Room 181 Ellensburg WA (509) 962-7511	
City State Zip Code			
Home Phone	Work Phone		

VS

Defendant's Name		Defendant's Name	
Address		Address	
City State Zip Code		City State Zip Code	
Home Phone	Work Phone	Home Phone	Work Phone

YOU ARE HEREBY NOTIFIED that the above named Plaintiff has filed a claim against you as set out in the "Statement of Claim" on page two of this document.

YOU ARE FURTHER NOTIFIED to appear at the: Lower Kittitas County District Court, Kittitas County Courthouse, 205 West 5th Ave Room 181, Ellensburg WA on ____/____/____ **at 8:30 AM for Pre-Trial Mediation.**

- During Pre-Trial Mediation both parties are required to meet with a representative of the Dispute Resolution Center to ascertain if a resolution can be reached prior to trial. You will not be required to pay for this service – Mediation Fees are included in the filing fee.
- You must bring all papers, contracts and other proof to present to the Mediator and the other party during mediation.
- If you are the Plaintiff and fail to appear for Pre-Trial Mediation the claim may be dismissed. If you are the Defendant and fail to appear for Pre-Trial Mediation a Default Judgment could be entered against you for the original amount requested plus costs.
- If an agreement cannot be reached the matter will be set for Trial for a later date. At the time of trial you must bring all papers, contracts, and other proof to establish or defend the claim together with any witnesses who will testify on your behalf.
- If the claim is settled prior to the hearing date the Plaintiff must notify the Court immediately in writing of the settlement and ask that the hearing be canceled.

Signed by the Clerk of the Court _____ /_____/_____

Small Claim # _____

Statement of Claim

I, _____, the undersigned plaintiff, declare that the defendant named above owes me the sum of \$ _____, which became due and owing on ____/____/____.

The amount owed is for: Merchandise Wages Loan Return of Deposit Rent
 Property Damage Auto Damages – Date of Accident _____
 Other _____

Explain reason for claim: _____

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed at _____ on ____/____/____
City State

Print or Type Name

Signature