

**District Court of Washington, County of Kittitas**

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; and

\$ \_\_\_\_\_ in interest; totaling  
\$ \_\_\_\_\_.

**You must go to court:**



**on:** \_\_\_\_\_ at \_\_\_\_\_ [ ] a.m. [ ] p.m.  
*Date* *Time*

**at:** 700 E 1<sup>st</sup> Street in Cle Elum, WA 98922  
*Court's Address*

\_\_\_\_\_  
*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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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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*