

PARTIES

PLAINTIFF: Please print your name, complete address, including your apartment number (no P.O. box number) and telephone number. [Please note: If the claim is based on an auto accident, the claim must be *Owner* against *Owner*]. A Corporation must be represented by an attorney.

DEFENDANT(S): Please print the full legal name and street address (no P.O. box number) of the party(ies) you are suing. Indicate whether you are suing this party as a person or a business. [Please note: If you are suing a business, indicate whether it is a partnership, a corporation or an individual with a business certificate. This information can be obtained in the County Clerk’s Office in the county in which the business is located. Failure to check this information may result in a judgment which cannot be executed.]

REASON FOR CLAIM:	CLAIM		
Damage cause to:	<input type="checkbox"/> automobile	<input type="checkbox"/> person	<input type="checkbox"/> property other than automobile
Failure to provide:	<input type="checkbox"/> repairs	<input type="checkbox"/> proper service	<input type="checkbox"/> goods ordered
Failure to return:	<input type="checkbox"/> security	<input type="checkbox"/> property	<input type="checkbox"/> deposit <input type="checkbox"/> money
Failure to pay for:	<input type="checkbox"/> wages <input type="checkbox"/> rent	<input type="checkbox"/> services rendered <input type="checkbox"/> commissions	<input type="checkbox"/> insurance claim <input type="checkbox"/> money loaned <input type="checkbox"/> goods sold and delivered
Breach of:	<input type="checkbox"/> contract	<input type="checkbox"/> lease	
Loss of:	<input type="checkbox"/> luggage	<input type="checkbox"/> property	<input type="checkbox"/> time from work <input type="checkbox"/> use of property
Returned:	<input type="checkbox"/> check (bounced)	<input type="checkbox"/> merchandise (not reimbursed)	
Other: (Be brief)			

DETAILS OF CLAIM:

Amount of Claim: (Limit \$25,000 for each Cause of Action) \$ _____

Date of Occurrence: _____

Place of Occurrence: _____

If Car Accident: YOUR license plate # _____ DEFENDANT’S license plate # _____

Identifying Number(s): _____
(Receipt #, Claim #, Account #, Policy #, Ticket #, etc.)

Date **X** _____
Signature of Plaintiff