

NAME _____

ADDRESS _____

ARE YOU AN: () INDIVIDUAL, () CORPORATION, () OTHER _____

PHONE NUMBER: _____

YOU HAVE A CLAIM AGAINST: (DEFENDANT)

NAME: _____

ADDRESS: _____
(NEED RESIDENT ADDRESS, INCLUDING STREET OR ROAD NUMBER IN ADDITION TO P.O. BOX)

PHONE NUMBER: _____

DEFENDANT IS AN: () INDIVIDUAL, () CORPORATION, () OTHER _____

IS DEFENDANT IN THE MILITARY SERVICE? () YES () NO

AMOUNT CLAIMED: \$ _____ PLUS INTEREST AT _____ %
PER ANNUM FROM _____ DAY OF _____, 20_____.

HOW DID THIS DEBT OCCUR? _____

WHEN DID THIS OCCUR? _____

WHERE DID THIS OCCUR? _____

TO THE PLAINTIFF: PLEASE ANSWER ALL THE QUESTIONS ABOVE, AND AFTER YOU HAVE COMPLETED THIS FORM, THEN PLEASE NOTIFY A DEPUTY CLERK IN THIS DIVISION AND SHE WILL PREPARE THE COMPLAINT FOR YOUR SIGNATURE.

RE: INFORMATION SHEET.