

PARTIES

PLAINTIFF: (Your name and complete address, including your apartment number and telephone number.) [NOTE: If the claim is based on an auto accident, the claim must be *Owner* against *Owner*].

DEFENDANT(S): (The full legal name and street address (no box number) of the party(ies) you are suing. Indicate whether you are suing this party as a person or a business.) [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