

THURSTON COUNTY DISTRICT COURT
 2000 Lakeridge Dr SW, Bldg. #3, Olympia, WA 98502

NOTICE OF SMALL CLAIM

No. _____

PLAINTIFF NAME #1			PLAINTIFF NAME #2		
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
HOME PHONE NO.	WORK PHONE NO.		HOME PHONE NO.	WORK PHONE NO.	
vs.					
DEFENDANT NAME #1			DEFENDANT #2		
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
HOME PHONE NO.	WORK PHONE NO.		HOME PHONE NO.	WORK PHONE NO.	

You, the above defendant, are hereby directed to appear personally in THURSTON COUNTY DISTRICT COURT, 2000 LAKERIDGE DR SW, BLDG #3, OLYMPIA, WA on: Time: _____ ready for trial. You are further notified that if you do not appear, judgment may be rendered against you for the amount of claim as stated below, and in addition, for the costs of the action. Judgment interest is at the statutory rate or as specified. At the time of trial both the plaintiff and defendant must present the witnesses, statements, estimates, contracts, invoices, etc. necessary to establish their claims.

CLAIM

I, _____, the undersigned plaintiff, do hereby verify that the defendant named above owes me the sum of \$ _____ which became due and owing on _____

The amount owing is for:

- Auto Damages - Date of accident _____
- Damage Deposit
- Goods/Service
- Other. If other, describe the nature of your claim: _____
- Rent
- Property Damage
- Wages
- Breach of Contract
- Loan

 Plaintiff

Please Read Reverse Side

White - Court Copy Yellow - Plaintiff Pink (2) - Defendant