

KING COUNTY DISTRICT COURT

CIVIL DEPARTMENT

PLAINTIFF NAME	SMALL CLAIM #
ADDRESS	NOTICE OF SMALL CLAIM
CITY STATE ZIP	
DAYTIME PHONE NO.	
1 ST DEFENDANT NAME	
ADDRESS	ADDRESS
CITY STATE ZIP	CITY STATE ZIP
DAYTIME PHONE NO.	DAYTIME PHONE NO.

CLAIM

I, _____, the undersigned plaintiff, do hereby certify under the penalty of perjury of the laws of the State of Washington, that the defendant named above owes me the sum of \$_____, which became due and owing on _____.
 (Amount of claim limited to \$5,000)

The amount owed is for:

<input type="checkbox"/> Auto Damages – Date of Accident	<input type="checkbox"/> Wages	<input type="checkbox"/> Loan
<input type="checkbox"/> Return of Deposit	<input type="checkbox"/> Rent	<input type="checkbox"/> Property Damage
<input type="checkbox"/> Merchandise	<input type="checkbox"/> Other	<input type="checkbox"/> Faulty Workmanship

You must explain reason for claim here: _____

Note: You must properly serve this Notice on the Defendant.

_____ / _____ Clerk Location Date Issued: _____	Signature: _____ Date: _____ Printed Name/Title: _____
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NOTICE TO DEFENDANT

You are hereby directed to appear personally in King County District Court:

On: _____ Time: _____

Be ready for trial. If you do not appear, judgment may be rendered against you for the amount stated above, and, for the filing of this action plus costs of service of this notice.