

**THE DISTRICT COURT OF THE STATE OF WASHINGTON  
DOUGLAS COUNTY, WASHINGTON**

**Small Claims Department**

PLAINTIFF'S NAME		SMALL CLAIM # _____		
ADDRESS		<b>NOTICE OF SMALL CLAIM</b>		
CITY	STATE			ZIP
HOME PHONE NO	WORK PHONE NO.			

VS.

DEFENDANT'S NAME		DEFENDANT'S NAME	
ADDRESS		ADDRESS	
CITY ZIP	STATE	CITY	STATE ZIP
PHONE NO.		PHONE NO.	

**YOU ARE HEREBY NOTIFIED** that the above-named Plaintiff has filed a claim against you amount of \$ \_\_\_\_\_; the reasons for which are stated below.

**YOU ARE HEREBY FURTHER NOTIFIED** to be and appear at Douglas County District Court

100 19<sup>th</sup> Street NW, East Wenatchee, WA 98802 (509) 884-3536

Washington on \_\_\_\_\_ [Date], at \_\_\_\_\_ am/pm for Pre-Trial Hearing/Mediation. You are to bring with you 3 copies of your evidence needed by you to establish or defend this claim.

**YOU ARE FURTHER NOTIFIED** that if you fail to personally appear as directed, a Judgment may be entered against you for the amount claimed, plus Plaintiff's costs of filing and service of the claim upon you. Plaintiff must also appear if a Judgment is to be entered. If Plaintiff fails to appear, the claim may be dismissed. If this claim is settled prior to the hearing date, the parties must notify the Court immediately, in writing.

\_\_\_\_\_  
Clerk

**STATEMENT OF CLAIM**

I \_\_\_\_\_, the undersigned plaintiff, declare that the defendant named above owes me the sum of \$\_\_\_\_\_.

The amount owed is for:

- Faulty Workmanship     Rent             Auto Damages – Date of Accident \_\_\_\_\_  
 Wages Or Loan             Merchandise     Return of Deposit     Property Damage  
 \_\_\_\_\_

Explain reason for claim

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Military Service**

- The following defendants are in the military service and are covered by the *Servicemember Civil Relief Act*: \_\_\_\_\_
- No defendant is covered by the *Servicemember Civil Relief Act*. The facts supporting this claim are: \_\_\_\_\_
- I do not know if any defendants are covered by the *Servicemember Civil Relief Act*.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. Signed at \_\_\_\_\_, [City] \_\_\_\_\_ [State] on \_\_\_\_\_ [Date]

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or Type name