IN THE DISTRICT COURT OF SPOKANE COUNTY WASHINGTON
NOTICE OF SMALL CLAIM

SMALL CLAIM # _____
☐ **AMENDED NOTICE OF SMALL CLAIMS**

PLAINTIFF'S NAME		PLAINTIFF'S NAME	
ADDRESS		ADDRESS	
CITY STATE ZIP		CITY STATE ZIP	
HOME PHONE NO	WORK PHONE NO	HOME PHONE NO	WORK PHONE NO

VS.

DEFENDANT'S NAME		DEFENDANT'S NAME	
ADDRESS		ADDRESS	
CITY STATE ZIP		CITY STATE ZIP	
HOME PHONE NO	WORK PHONE NO	HOME PHONE NO	WORK PHONE NO

YOU ARE HEREBY NOTIFIED that the above named Plaintiff has filed a claim against you amounting to $_____ ; the reasons for which are stated below.

YOU ARE HEREBY FURTHER NOTIFIED to be and appear at Spokane County District Court at the

☐ Broadway Center Building, 721 N. Jefferson, Spokane, Washington on _____ [Date], at _____ a.m../p.m. for trial.

☐ Valley Court Office, 12710 E. Sprague, Spokane Valley, WA 99216 on _____ [Date], at _____ a.m../p.m. for trial.

You are to bring with you any and all papers, contracts and proof needed by you to establish or defend this claim. At the time of trial you must bring any witnesses who will testify on your behalf.

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

RCW 12.40.020, .050. .060, .070

Original – Court Copy – Plaintiff(s) Copy – Defendant(s)

District Court complies with Americans with Disability Act requirements – for accommodations contact Court Operations Manager 477-2903

Small Claim # _____

STATEMENT OF CLAIM

I, _____ , the undersigned plaintiff, declare that the defendant named above owes me the sum of $ _____, which became due and owing on _____ [Date]. Plaintiff has demanded payment and Defendant refuses to pay.

The amount owed is for:

☐ Faulty Workmanship ☐ Merchandise ☐ Auto Damages-Date of Accident _____

☐ Wages ☐ Loan ☐ Return of Deposit ☐ Rent ☐ Property Damage

☐ Other _____

Explain reason for claim _____
_____
_____
_____
_____
_____
_____

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed at Spokane, Washington on _____ [Date].

_____ _____
Signature Print or Type Name

State of _____)
)
County of _____)

SUBSCRIBED AND SWORN to me this_____ day of _____, _____.

_____
(Signature of Notary)
Notary Public in and for the State _____

Residing in _____

(Notary Seal)

My appointment expires _____

Original – Court Copy – Plaintiff(s) Copy – Defendant(s)

District Court complies with Americans with Disability Act requirements – for accommodations contact Court Operations Manager 477-2903