

SMALL CLAIMS APPLICATION FORM

DATE: _____

CERTIFIED MAIL _____
SHERIFF'S SERVICE _____

PLAINTIFF: (Party filing claim) _____

ADDRESS: _____

TELEPHONE: _____

DEFENDANT: (Party being sued) _____

ADDRESS: _____

EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

LOCATION AFFIDAVIT TO BE SERVED: _____

AMOUNT OF SUIT: _____

EXPLAIN WHAT THIS AMOUNT IS FOR: _____

DATE OF LAST DEMAND FOR PAYMENT OF THIS AMOUNT: _____