

NOTICE OF CLAIM

IN THE DISTRICT COURT OF WASHINGTON

FOR LINCOLN COUNTY

SMALL CLAIMS DEPARTMENT

CLAIM NO.

| | | | |
|-----------------|-------------------|-----------------|---------------|
| NAME | Plaintiff (s) } { | NAME | Defendant (s) |
| ADDRESS | } { | ADDRESS | |
| CITY, STATE ZIP | } { | CITY, STATE ZIP | |

TO DEFENDANT (S): 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 Lincoln County District Court, 406 Sinclair St Davenport, Washington on _____ at _____ AM / PM for **TRIAL**. You are to bring with you three (3) copies of 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.

THIS NOTICE MUST BE SERVED NO LATER THAN _____.

Clerk

I, _____, the undersigned plaintiff, declare that the defendant (s) named above owes me the sum of \$ _____, which became due and owing on _____.

The amount owed is for Faulty Workmanship Merchandise Services Wages Loan Return of Damage Deposit Rent Property Damage Auto Damages-Date of Accident 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 _____, [City] _____ [State] on _____ [Date]

Signature of Plaintiff

Print or Type Name

Court to complete