

**Justice Court of the State of Oregon for the County of Washington
SMALL CLAIMS DEPARTMENT**

Name _____, Plaintiff

Address _____

Phone _____

vs.

CLAIM AND NOTICE OF CLAIM

No. **S** _____

Name _____, Defendant

Address _____

Phone _____

I, Plaintiff, claim that on or about _____, _____, the above named Defendant of _____ County, Oregon, owed me the sum of \$ _____ and this sum is still owing, for _____

STATE OF OREGON)
)
) ss.
)
 _____ County)

I, the above named Plaintiff, state that I have read the above claim and that it is true as I verily believe. I further certify that I have made a bona fide effort to collect this claim prior to filing.

Subscribed before me this _____ day of _____, _____

Signed: _____
Plaintiff

Notary Public of Oregon

Washington County Justice Court

By: _____
Court Clerk

My Commission Expires _____

I certify that the foregoing is a true copy of a claim filed against you.
Washington County Justice Court

By: _____
Court Clerk

NOTICE TO DEFENDANT: PLEASE READ CAREFULLY

WITHIN 14 DAYS AFTER RECEIVING THIS NOTICE YOU MUST DO ONE OF THE FOLLOWING THINGS:

- 1) Pay the claim plus fees and service expenses paid by Plaintiff of \$ _____, or
- 2) Demand a hearing, or
- 3) Demand a jury trial

If you fail to do one of the above within 14 days after receiving this notice, then upon written request from the Plaintiff the Court will enter a judgment against you for the amount claimed plus fees and service expenses paid by the Plaintiff.

See further Instructions on Defendant's Answer Form.

If you have any questions about this notice, you should contact the Clerk of the Court IMMEDIATELY.