

WADSWORTH MUNICIPAL COURT
Small Claims Complaint

CASE NO. _____
(Assigned by the Clerk's Office)

Plaintiff (1) _____
Address _____
City, State, Zip _____
Telephone No. _____

Defendant (1) _____
Address _____
City, State, Zip _____
Telephone No. _____

Plaintiff (2) _____
Address _____
City, State, Zip _____
Telephone No. _____

Defendant (2) _____
Address _____
City, State, Zip _____
Telephone No. _____

Military Service _____yes _____no

STATEMENT OF CLAIM

AMOUNT OF CLAIM: \$ _____ (cannot exceed \$6,000.00), with interest at the rate of _____% from _____ (date) and court costs.

The above complaint is true to the best of my knowledge and belief. _____
(Signature of plaintiff for plaintiff's attorney)

**Your signature must be witnessed by either a notary public or a Deputy Clerk. If mailing the complaint, you must have your signature notarized.*

Sworn to and subscribed before me this _____ day of _____, 20_____.

(Deputy Clerk or Notary Public) _____

INSTRUCTIONS ON REVERSE SIDE

WADSWORTH MUNICIPAL COURT

INSTRUCTIONS FOR COMPLETING A SMALL CLAIMS COMPLAINT

1. PROVIDE THE NAME, COMPLETE ADDRESS, AND PHONE NUMBER OF EACH PLAINTIFF (THIS IS YOU).
2. PROVIDE THE NAME AND FULL ADDRESS OF EACH DEFENDANT (PARTY YOU ARE FILING AGAINST).
3. P.O. BOX ADDRESSES ARE NOT ACCEPTED FOR DEFENDANT.
4. INCLUDE ALL PAGES OF EXHIBITS AND ATTACHMENTS YOU WANT WITH THE CASE. ALL EXHIBITS AND/OR ATTACHMENTS WILL BE INCLUDED WITH THE COMPLAINT AND MAILED TO THE DEFENDANT(S).
5. FILL IN THE AMOUNT OF CLAIM (THE JUDGMENT AMOUNT YOU ARE REQUESTING). THIS AMOUNT CANNOT EXCEED \$6000.00. DO NOT INCLUDE THE INTEREST OR THE FILING FEE IN THIS AMOUNT. THESE AMOUNTS WILL BE ASSESSED IN OTHER COSTS.
6. FILL IN THE RATE OF INTEREST AND THE DATE YOU ARE REQUESTING INTEREST TO BEGIN-DAY, MONTH, AND YEAR. IF NO RATE OF INTEREST IS SPECIFIED, THE STATUTORY RATE WILL BE AWARDED. IF NO DATE IS SPECIFIED, INTEREST WILL BEGIN ON THE DATE OF JUDGMENT. YOU DO NOT HAVE TO REQUEST INTEREST. INTEREST IS OPTIONAL.
7. YOU MUST SIGN THE COMPLAINT IN FRONT OF A CLERK OF THIS COURT OR A NOTARY PUBLIC.
8. FILING FEE IS \$59.00 FOR ONE DEFENDANT. EACH ADDITIONAL DEFENDANT IS \$10.00.
9. A HEARING DATE WILL BE SET WITHIN 30 DAYS CONTINGENT ON DOCKET SCHEDULE.