KING COUNTY DISTRICT COURT
STATE OF WASHINGTON

(1) _____,

(2) _____,
Plaintiff,

v.

(1) _____,

(2) _____,
Defendant.

SMALL CLAIMS DEPARTMENT

No. _____

NOTICE OF SMALL CLAIM

HEARING
Date/Time: _____
Location: _____
_____
_____

(CLERK'S ACTION REQUIRED)

Plaintiff Contact Information:

(1) Address: _____ Phone No.: _____

City: _____ State: _____ Zip: _____ Email or Alt Phone: _____

(2) Address: _____ Phone No.: _____

City: _____ State: _____ Zip: _____ Email or Alt Phone: _____

Defendant Contact Information:

(1) Address: _____ Phone No.: _____

City: _____ State: _____ Zip: _____ Email or Alt Phone: _____

(2) Address: _____ Phone No.: _____

City: _____ State: _____ Zip: _____ Email or Alt Phone: _____

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 appear at: King County District Court,

. _____,

Courtroom _____, Washington, on _____ [Date], at _____ a.m./p.m.
for ☐ **PRE-TRIAL** ☐ **TRIAL**.

At the time of **PRE-TRIAL**, bring with you **2** copies of all papers, contracts and proof needed by you to establish or defend this claim. At the time of **TRIAL**, bring with you **2** copies of all proof needed by you to establish or defend this claim, and 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

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].

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 _____, [City] _____ [State] on _____ [Date].

_____ _____
Signature Print or Type Name