

SMALL CLAIMS FILING FORM

In order for this Court to have jurisdiction of your claim, the Defendant must either:

1. Reside within the limits of the Town of Dickinson or the Village of Port Dickinson;
2. Have regular employment within the Town of Dickinson or the Village of Port Dickinson;
3. Have an office for the transaction of business within the Town of Dickinson or the Village of Port Dickinson.

You are required to provide the Court with the following information, please print:

1. Full Name of Plaintiff: _____
2. Address of Plaintiff: _____

3. Telephone Number of Plaintiff: _____
4. Full Name of Defendant: _____
5. Present Address (cannot be a Post Office Box): _____

6. Defendant's present Place of Employment: _____
7. Defendant's Office or Place of Business Address: _____

8. Telephone Number of Defendant: _____
9. List nature of the claim, including full details and place where claim or claims arose.
If you need additional space, please attach any additional sheets to this form.

10. Date Claim Arose: _____
11. Total Amount of Claim: _____
12. Plaintiff's Signature: _____

Alternate reviews for your action may be available to you and should be considered before completing this action in this Court. You may call the local community dispute center – ACCORD at 724-5153.