

IN THE DISTRICT COURT OF OKANOGAN COUNTY
 STATE OF WASHINGTON
 SMALL CLAIMS DEPARTMENT
 PO Box 980, Okanogan, WA 98840
 (509) 422-7170

NOTICE OF CLAIM

_____ SC
 CLAIM NUMBER

Interpreter needed

PLAINTIFF		vs	DEFENDANT	
Name			Name	
Street Address	Mailing Address		Street Address	Mailing Address
City, State, Zip			City, State, Zip	
Telephone Number			Telephone Number	

You are hereby notified that the above named Plaintiff, whose address is given above, has filed in the above entitled court their claim amounting to \$ _____; the reasons for which are stated below. You are further notified to be and appear personally in said Okanogan County District Court, Okanogan, Washington, on the _____ day of _____, 20____ at _____ to answer said claim. **Be ready for trial.** Please bring all witnesses, documents, records and any other evidence you feel necessary to establish a defense to the claim. In case of failure to do so, judgment may be entered against you for the amount of said claim plus court costs. 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 signature

THIS NOTICE MUST BE SERVED NO LATER THAN	TRIAL DATE	TIME:	AMOUNT OF CLAIM \$
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STATEMENT OF COMPLAINT
 THE PLAINTIFF CLAIMS AN INDEBTEDNESS AGAINST THE DEFENDANT AS FOLLOWS

THE AMOUNT OF MONEY I CLAIM HE/SHE OWES ME IS:	
THE DATE WHEN THIS MONEY CAME DUE IS:	
THE REASON I CLAIM HE/SHE OWES ME THE MONEY IS:	

THE MONEY IS STILL DUE AND UNPAID.

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)

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Print Plaintiff Name

Plaintiff Signature

Routing: COURT DEFENDANT
 PLAINTIFF COURT RETURN