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IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR CLATSOP COUNTY
SMALL CLAIMS DEPARTMENT - 749 COMMERCIAL STREET
PO BOX 835, ASTORIA, OR 97103 - (503)325-8555

_____ }
Plaintiff }
_____ } Case No:_____
Address City } **CLAIM AND NOTICE OF CLAIM**
_____ }
State Zip County Phone }
vs. }
_____ }
Defendant Defendant }
_____ }

Name, Title (if applicable) and Address for Service on Defendant(s):

_____ _____
Defendant Defendant
_____ _____

_____ _____
Address Address
_____ _____
City State Zip City State Zip
_____ _____ _____ _____
Phone County Phone County

I, Plaintiff, claim that on or about_____, _____, the above-named defendant(s) owed me the sum of $_____, and this sum is still owing for (reason) _____

_____

_____

I have incurred filing fees of $_____ and service expense of $_____. Claim Amt:_____
STATE OF OREGON Filing Fee:_____
CLATSOP COUNTY ss. Service Fee:_____
Total Due:_____

I, the above-named plaintiff, having been duly sworn, state that I have read the above claim and that it is true as I verily believe, and that I have made a bona fide effort to collect the claim from the defendant(s) before filing the claim with the clerk.

DATED:_____ PLAINTIFF _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, 2_____
(SEAL) By_____
COURT CLERK/NOTARY PUBLIC, Exp_____

NOTICE TO DEFENDANT:
I certify that the foregoing is a true copy of a claim filed against you.
TRIAL COURT ADMINISTRATOR
(SEAL) By_____