

**IN THE CIRCUIT COURT OF THE STATE OF OREGON FOR THE COUNTY OF LINN
SMALL CLAIMS DEPARTMENT**

Name _____

Plaintiff(s)

CASE NO: _____

Address _____

SMALL CLAIM AND NOTICE OF CLAIM

At hearing, I will need an interpreter in the _____ language.

Phone (_____) _____ Inmate ID # _____
(If applicable)

At hearing, I will need American's with Disabilities Act accommodations.

vs.

Name _____

Defendant(s)

If defendant is a business, serve: _____ (Officer Reg. Agent Owner)

Address _____

Phone (_____) _____ Defendant is a public body

I, Plaintiff, claim that on or about _____, the above named Defendant of _____ County, Oregon, owed me the sum of \$ _____ and this sum is still owing for: _____

COSTS & FEES PAID OR TO BE PAID:	{	CLAIMED AMOUNT \$ _____
		SMALL CLAIMS FEE: \$ _____
		SERVICE FEE: \$ _____
		FORM FEE: \$ _____
		TOTAL OWED: \$ _____

DECLARATION OF BONA FIDE EFFORT

I, Plaintiff, state I have made a **Bona Fide** effort to collect this claim from defendant before filing this claim with the Court. I, Plaintiff, declare the above statements are true to the best of my knowledge and belief, and I understand they are made for use in Court and I am subject to penalty for perjury.

Dated: _____

Signed: _____

Print Plaintiff's Name

**Email Address _____

Email Notification Consent: By providing my email address I consent to receive notifications from the court by email instead of or in addition to other methods. **I understand that if my email changes or if I choose to withdraw consent, I must notify the court in writing.

ATTENTION DEFENDANT: YOU MUST READ NOTICE ON THE REVERSE SIDE.

NOTICE TO DEFENDANT: READ THESE PAPERS CAREFULLY

Within 14 days after receiving this notice, you **MUST** do **ONE** of the following: Please complete the Defendant's Answer Form and file it with the Court.

1. Pay the claim, including Plaintiff's filing fees, services fee and any accruing costs.
2. Deny the claim and demand a hearing. You must pay the appropriate fee to the court.
3. Deny the claim, demand a hearing and file a counterclaim. The counterclaim must pertain to the same matter as Plaintiff's claim. You must pay the appropriate fee to the Court.
4. Demand a jury trial. You may choose this only if the claim exceeds \$750. You must pay the appropriate fee to the Court.

If you fail to do one of the above things within 14 days* after being served with this notice, the plaintiff may file a written request asking the court to enter a judgment against you. The judgment will be for the amount of the claim, plus filing fees and service costs paid by the Plaintiff, plus a prevailing party fee. If you are not able to respond in time because you are in active military service of the United States, talk to a legal advisor about the Servicemembers Civil Relief Act. If you have any questions about this notice, you may contact the Court or go to www.courts.oregon.gov for procedural questions.

THE COURT CLERK CANNOT GIVE LEGAL ADVICE. FOR LAWYER REFERRAL, CALL THE OREGON STATE BAR LAWYER REFERRAL SERVICE AT 1-800-452-7636.

ALL DOCUMENTS MUST INCLUDE YOUR SIGNATURE, ADDRESS AND TELEPHONE NUMBER AND MUST BE FILED WITH:

LINN COUNTY CIRCUIT COURT
P O BOX 1749
300 SW FOURTH ST
ALBANY OR 97321
(541) 967-3845
www.courts.oregon.gov/linn

***NOTE:** If the plaintiff is an inmate (ORS 30.642) **AND** the Defendant is a government agency or other public body (ORS 30.260), the Defendant must respond within 30 days after being served with this Notice.