

**IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR MALHEUR COUNTY
SMALL CLAIMS DEPARTMENT - 251 B ST W
P O BOX 670, VALE, OR 97918 - (541)-473-5568**

-----)
 Plaintiff)
 -----)
 Address City)
 -----)
 State Zip County Phone)
 -----)
 Defendant Defendant)
 -----)
 A.K.A. A.K.A)

Case No.: _____
CLAIM AND NOTICE OF CLAIM

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

Defendant	Defendant
A.K.A	A.K.A
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 \$_____

STATE OF OREGON	Claim Amt: _____
MALHEUR COUNTY SS.	Filing Fee: _____
	Service Fee: _____
	Total Due: _____

I, the above-named plaintiff, having been duly sworn, state that I have read the above claim and this 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.
 (SEAL) TRIAL COURT ADMINISTRATOR
 By _____