

SMALL CLAIM INFORMATION SHEET

Plaintiff: _____

Defendant: _____

Address: _____

Address: _____

(City, Village, Township)

(City, Village, Township)

(State, Zip)

(State, Zip)

Telephone Number: _____

Is the Defendant presently in the military or naval services of the United States? _____
Yes or No

Complaint: _____

AMOUNT CLAIMED: \$ _____ with interest at the rate of _____ % from the _____
day of _____, 20_____.

The above complaint is true to the best of my belief.

Plaintiff