

NOTICE OF CLAIM

SKAMANIA COUNTY DISTRICT COURT

CLAIM NUMBER:

PLAINTIFF	VS	DEFENDANT
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NAME:
STREET:
CITY-STATE
Phone Number:

NAME:
STREET:
CITY-STATE
Phone Number:

YOU ARE HEREBY NOTIFIED that the above-named Plaintiff has filed a claim against you amounting to \$ _____ ; the reasons for which are stated below.

YOU ARE HEREBY FURTHER NOTIFIED to be and appear at Skamania County District Court 240 Vancouver Ave. #35 Stevenson, Washington on _____ [Date], at _____ a.m./p.m. for trial.

YOU ARE FURTHER NOTIFIED that if you fail to appear as directed, a Default Judgment may be entered against you for the amount claimed, plus Plaintiff's filing costs and service of the claim upon you. The plaintiff must also appear if a judgment is to be entered. If Plaintiff fails to appear, the claim may be dismissed. If this claim is settled before the hearing date, the parties must notify the Court immediately, in writing.

_____ CLERK

STATEMENT OF CLAIM

I, _____, the undersigned plaintiff, declare that the defendant named above owes me the sum of \$ _____, which became due and owing on _____ [Date].

The amount owed is for: _____ [CAUSE OF ACTION].

Date when money became due: _____.

Explain reason the defendant owes you money:

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

_____ Date

_____ Plaintiff's Signature