**Small Claim Affidavit Form**

**STATE OF [STATE NAME]
COUNTY OF [COUNTY NAME]**

## **AFFIDAVIT IN SUPPORT OF SMALL CLAIM**

**I, [Your Full Name], residing at [Your Address], being duly sworn, depose and say:**

1. **Plaintiff Information:**
	* **Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
	* **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
	* **City, State, ZIP Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
	* **Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Defendant Information:**
	* **Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
	* **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
	* **City, State, ZIP Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
	* **Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Claim Information:**
	* **The defendant owes me $\_\_\_\_\_\_\_\_ due to:
	☐ Unpaid Loan
	☐ Property Damage
	☐ Breach of Contract
	☐ Unpaid Wages
	☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **Details of Claim:**
	* **Date the issue arose: [MM/DD/YYYY]**
	* **Description of incident:**
5. **Supporting Evidence (Check all that apply):
☐ Written Agreement
☐ Emails or Text Messages
☐ Witness Statements
☐ Invoices or Receipts**
6. **Amount Claimed:**
	* **Amount Due: $\_\_\_\_\_\_\_\_**
	* **Court Filing Fees: $\_\_\_\_\_\_\_\_**
	* **Total Requested: $\_\_\_\_\_\_\_\_**

**I declare under penalty of perjury that the foregoing is true and correct.**

**Plaintiff’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sworn to and subscribed before me this \_\_\_\_\_\_ day of [Month, Year].**

**Notary Public Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**