**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**