**Small Claim Form SC-100**

**PLAINTIFF'S CLAIM AND ORDER TO GO TO SMALL CLAIMS COURT**

## **PARTIES**

**Plaintiff:**

* **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Defendant:**

* **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## **CLAIM INFORMATION**

| **Claim Type** | **Description** | **Amount** | **Date of Incident** |
| --- | --- | --- | --- |
| **Unpaid Rent** | **[Description]** | **$\_\_\_\_\_\_** | **[MM/DD/YYYY]** |
| **Damage** | **[Description]** | **$\_\_\_\_\_\_** | **[MM/DD/YYYY]** |
| **Breach of Contract** | **[Description]** | **$\_\_\_\_\_\_** | **[MM/DD/YYYY]** |
| **Other** | **[Description]** | **$\_\_\_\_\_\_** | **[MM/DD/YYYY]** |

## **REQUESTED RELIEF**

**☐ Payment of Claim Amount
☐ Legal Fees Reimbursement
☐ Additional Compensation**

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