

**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