Justice Court of the State of Oregon for the County of Washington
SMALL CLAIMS DEPARTMENT

Name: _____ , Plaintiff
_____
Address: _____
_____
Phone: _____ E-Mail: _____

CLAIM AND NOTICE OF CLAIM
No. S_____

VS.

Name: _____ , Defendant
_____
Address: _____
_____
Phone: _____ E-Mail: _____

I, Plaintiff, claim that on or about _____, _____, the above-named Defendant of

_____, County, Oregon, owed me the sum of $_____ and this sum is still owing, for
_____
_____
_____
_____

STATE OF OREGON)
SS.
_____County)

I, the above-named Plaintiff, state that I have read the above claim and that it is true as I verily believe**. I further certify that I have made a bona fide effort to collect this claim prior to filing.**

Subscribed before me this ____ day of _____ , _____ Signed:_____
Plaintiff

_____
Notary Public of Oregon

By: _____
Court Clerk, Washington County Justice Court

My Commission Expires: _____

I certify that the foregoing is a true copy of a claim filed against you.

By:_____
Court Clerk, Washington County Justice Court

NOTICE TO DEFENDANT: PLEASE READ CAREFULLY

WITHIN 14 DAYS AFTER RECEIVING THIS NOTICE YOU MUST DO ONE OF THE FOLLOWING THINGS:

1) Pay the claim plus fees and service expenses paid by Plaintiff of $ _____, or
2) Demand a hearing, or
3) Demand a jury trial

If you fail to do one of the above within 14 days after receiving this notice, then upon written request from the Plaintiff the Court will enter a judgment against you for the amount claimed plus fees and service expenses paid by the Plaintiff. See further instructions on Defendant's Answer Form.

*If you have any questions about this notice, contact the Clerk of the Court **IMMEDIATELY**.* *Revised 2-3-2025*