**GIRARD MUNICIPAL COURT**

**Small Claims Complaint**

Plaintiff /Attorney:

For Clerk’s Use Only

Address:

City, State, Zip Code:

Telephone:

Email Address:

Fax:

|  |  |  |
| --- | --- | --- |
| **vs** ( )  Defendant(s) Name / Address / Phone / Email (The person, business, or entity that is being sued) | Additional. |  ( )  Defendant(s) Name / Address / Phone / Email (The person, business, or entity being sued) |

**STATEMENT OF CLAIM**

**$** is the total amount owed to me by the defendant on the following claim:

 \_\_\_\_\_\_

**NOTICE**: Attach all supplemental documents to this complaint.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , states that he/she is the Plaintiff /Attorney in the above-entitled cause; those facts and allegation contained in the Statement of Claim are true; and there is due to Plaintiff from the Defendant the amount stated above.

Date Plaintiff /Attorney Signature