

IN THE CIRCUIT COURT OF THE STATE OF OREGON
 FOR THE THIRD JUDICIAL DISTRICT
 Small Claims Division - P.O. Box 12869, Salem, OR 97309

 Plaintiff)
 _____)
 Address)
 _____)
 City State Zip)
 _____)
 Telephone County)
 If currently incarcerated, you are required to provide:)
 Inmate ID No.: _____)
 Institution Name: _____)

CLAIM AND NOTICE OF CLAIM

Case No. _____

Interpreter needed: Spanish Russian other: _____

vs.

Name, Title (if applicable) and Address for Service on Defendant(s):

 Defendant #1

 AKA /DBA /Registered Agent/Public Body (circle one)

 Address

 City State Zip County

 Telephone

 Defendant #2

 AKA /DBA /Registered Agent/Public Body (circle one)

 Address

 City State Zip County

 Telephone

I, Plaintiff, claim that on or about _____, 20____, the above-named Defendant(s) owed me the sum of \$_____,
 and this sum is still owing, for (reason) _____

I have incurred fees of \$_____ and service expenses of \$_____.

Claim Amount: _____
 Filing Fee: _____
 Service Fee: _____
 Total Due: _____

STATE OF OREGON,)
)
 COUNTY OF MARION) ss

I, the above-named Plaintiff, having been duly sworn, state that I have read the above claim and that it is true as I verily believe,
 and that I have made a bona fide effort to collect the claim from the Defendant before filing the claim with the clerk.

DATED: _____

 Plaintiff

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20_____.

TRIAL COURT ADMINISTRATOR/NOTARY PUBLIC FOR OREGON

(SEAL)

By: _____
 My Commission expires: _____

NOTICE TO DEFENDANT: I certify that the foregoing is a true copy of a claim filed against you.
 TRIAL COURT ADMINISTRATOR

(SEAL)

By: _____

NOTICE TO DEFENDANT - READ REVERSE SIDE