STATEMENT OF CLAIM

CITY COURT OF HAMMOND
SMALL CLAIMS DIVISION

FILED:_____

DY. CLERK:_____ SUIT NO._____

_____
PLAINTIFF (FULL NAME OF SUING PARTY)

_____
REGISTERED AGENT (If Applicable)

_____
ADDRESS

_____
CITY, STATE & ZIP CODE

_____
PHONE NUMBER

_____
EMAIL

_____
DEFENDANT (NAME OF PARTY BEING SUED)

_____
REGISTERED AGENT (If Applicable)

_____
ADDRESS

_____
CITY, STATE & ZIP CODE

_____
PHONE NUMBER

_____
EMAIL

THE PLAINTIFF CLAIMS THE FOLLOWING FROM THE DEFENDANT:

AMOUNT OF CLAIM: $_____ (maximum $5,000.00) DO NOT INCLUDE COURT COSTS AND INTEREST.

Briefly describe your claim below. Include the TOTAL AMOUNT of money you are suing for and an ITEMIZATION of your claim.

_____

_____

_____

_____

_____

_____

_____

_____

_____

DATE:_____ _____
SIGNATURE OF PLAINTIFF

*If the defendant is a business, an agent for service may be registered with the Secretary of State's office. This information may be obtained through www.sec.state.la.us/ or calling (225) 925-4704.