STATEMENT OF CLAIM

CITY COURT OF HAMMOND SMALL CLAIMS DIVISION

FILED:	
DY. CLERK:	SUIT NO
PLAINTIFF (FULL NAME OF SUING PARTY)	DEFENDANT (NAME OF PARTY BEING SUED)
REGISTERED AGENT (If Applicable)	REGISTERED AGENT (If Applicable)
ADDRESS	ADDRESS
CITY, STATE & ZIP CODE	CITY, STATE & ZIP CODE
PHONE NUMBER	PHONE NUMBER
EMAIL	EMAIL
Plaintiff #2 (If Applicable)	Defendant #2 (If Applicable)
PLAINTIFF (FULL NAME OF SUING PARTY)	DEFENDANT (NAME OF PARTY BEING SUED)
REGISTERED AGENT (If Applicable)	REGISTERED AGENT (If Applicable)
ADDRESS	ADDRESS
CITY, STATE & ZIP CODE	CITY, STATE & ZIP CODE
PHONE NUMBER	PHONE NUMBER
EMAIL	EMAIL
AND INTEREST. Briefly describe your claim below. Include the ITEMIZATION of your claim.	e TOTAL AMOUNT of money you are suing for and an
DATE:	SIGNATURE OF PLAINTIFF
*If the defendant is a business, an agent for service may be registered with the Secretary	SIGNATURE OF PLAINTIFF

of State's office. This information may be obtained through sos.la.gov or calling (225) 925-4704.

SIGNATURE OF PLAINTIFF