

SUMMONS AND NOTICE TO DEFENDANT

You are hereby warned to file a written answer with the clerk of this court within thirty (30) days after you receive this claim and forward a copy to the plaintiff at the address above or a default judgment may be entered against you.

_____ Signature of Clerk or Judge

_____ District Court Clerk

Address: _____

RETURN OF SERVICE

STATE OF ARKANSAS

COUNTY OF _____

I, _____, certify that I served the within Claim Form on the defendant, _____, at ____ o'clock __. m. on _____ 2____, by _____.

_____ (Show manner of service)

Name and Office, if any

Subscribed and sworn to before me this ____ day of _____, 2____,
(To be completed if service by other than a Sheriff, Constable, or Clerk)

Notary Public

My commission expires: _____