

CLAIM (COMPLAINT) FORM

In the District Court of _____, State of Arkansas
Small Claims Division

Plaintiff _____

vs. No. _____

Defendant _____
Defendant's Address: _____

Nature of Claim: _____

Nature and Amount of Relief Claimed: _____

Date Claim Arose: _____

Factual Basis of Claim: _____

Signature of Plaintiff

Plaintiff's Address: _____

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 the _____ day of
_____, 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: _____