IN THE JUSTICE COURT OF THE STATE OF OREGON FOR THE COUNTY OF TILLAMOOK

Small Claims Department

	Casa No.	
Plaint	tiff Case No:	
(Inmate SID #, if applicable,) SMALL CLAIM AND	
V	NOTICE OF SMALL CLAIM Filing fee at ORS 46.570	
Defenda □Defendant is a public bo		
PLAINTIFF (☐Additional on attached page)	DEFENDANT (□Additional on attached page)	
Name	Name (enter Registered Agent, if necessary, on next page)	
Street	Street (do not use a P.O. Box)	
City / State / Zip	City / State / Zip	
	J I	
, Plaintiff, claim that on or about (date)	Phone County **Cussian	
➤ I need an interpreter: ☐ Spanish ☐ R	Phone County **Cussian	
➤ I need an interpreter: ☐ Spanish ☐ R	Phone County **Cussian	
➤ I need an interpreter: ☐ Spanish ☐ R	Phone County **Cussian	
➤ I need an interpreter: ☐ Spanish ☐ R	Phone County **Cussian	
➤ I need an interpreter: ☐ Spanish ☐ R , Plaintiff, claim that on or about (date) of (or property valued at) \$ beca	Phone County Cussian other: , the above-named defendants owed me the surfaces , and this amount is still due.	
➤ I need an interpreter: ☐ Spanish ☐ R The property valued at Spanish ☐ R The property valued A Spanish ☐	Phone County **Cussian	
➤ I need an interpreter: ☐ Spanish ☐ R I, Plaintiff, claim that on or about (date) becan of (or property valued at) \$ becan I have paid (or will pay):	Phone County Cussian other: , the above-named defendants owed me the surfaces , and this amount is still due.	

DECLARATION OF GOOD FAITH EFFORT

I, Plaintiff, have made a good	d faith effort to collect this claim from the defendants before filing this claim
with the court clerk.	
(Describe your efforts):	
<u>If this case is su</u>	ubject to ORS 646A.670(1) (see the box at the top of page 1)
See the Oregon Judicia	al Department website for information about debt collection cases:
{ } @1.00.100.100.100.100.100.100.100.100.10	www.courts.oregon.gov/debtcollection
□ There countied with OD	C CACA C70(1) J LITCD (100 A
	S 646A.670(1) and UTCR 5.180. A completed <i>Consumer Debt Collection</i> ched and incorporated into this pleading as required by UTCR 5.180(2)(iii).
	ne above statements are true to the best of my knowledge
	d they are made for use in court and I am subject to penalty
for perjury.	
Date	Dlaintiff Ciematum
Date	Plaintiff Signature
	DI : ('C'NI (' ·))
	Plaintiff Name (print)
DEFENDANT'S REGIST	ERED AGENT:
Name	
G (1	
Street (do not use a P.O. Box)	
City / State / Zip	
- •	
Phone	County

NOTICE TO DEFENDANT:

READ THESE PAPERS CAREFULLY!

Within **14 DAYS*** after receiving this notice you *MUST* do *ONE* of the following things in writing:

- Pay the claim plus filing fees and service expenses paid by plaintiff (send payment directly to the plaintiff, not to the court) OR
- Demand a hearing and pay the fee required (below) OR
- Demand a jury trial and pay the fee required (below). This option is available
 only if amount claimed is more than \$750.

If you fail to do one of the above within <u>14 DAYS*</u> after you get this notice, the plaintiff may ask the court to enter a judgment against you. The judgment will be for the amount of the claim, plus filing fees and service costs paid by the plaintiff, plus a prevailing party fee. If you are not able to respond in time because you are in active military service of the United States, talk to a legal advisor about the Servicemembers Civil Relief Act.

COURT NAME / ADDRESS / PHONE #

> TILLAMOOK COUNTY JUSTICE COURT
> 201 LAUREL AVE
> TILLAMOOK, OR 97141
(503) 842-3416

Defendant's Filing Fees (must be filled in by the PLAINTIFF):

(1) To demand a hearing if the amount claimed is \$2,500 or less	\$
(2) To demand a hearing if the amount claimed is more than \$2,500	\$
(3) To demand a jury trial (only if amount claimed is over \$750)	\$

The clerk of the court cannot give you legal advise. Should you have any questions, please contact an attorney of your choice.

*NOTE: If the plaintiff is an <u>inmate</u> (ORS 30.642) AND the defendant is a <u>government</u> <u>agency or other public body</u> (ORS 30.260), the defendant must respond within <u>30 days</u> after receiving this Notice.