

SMALL CLAIMS COMPLAINT

Pulaski County District Court
3001 West Roosevelt Road
Little Rock, Arkansas 72204
Phone: 340-6830 Fax: 340-6899

CASE # _____

PLAINTIFF _____

ADDRESS _____ (HM) PHONE _____ (WK) _____

CITY _____ STATE _____ ZIP _____

VS.

DEFENDANT - 1 _____

EMPLOYMENT _____

ADDRESS _____ HOME ADDRESS _____

CITY _____ STATE _____ CITY _____ STATE _____

ZIP _____ PHONE _____ ZIP _____ PHONE _____

DEFENDANT - 2 _____

EMPLOYMENT _____

ADDRESS _____ HOME ADDRESS _____

CITY _____ STATE _____ CITY _____ STATE _____

ZIP _____ PHONE _____ ZIP _____ PHONE _____

AGENT OF SERVICE FOR CORPORATION (DEFENDANT'S) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

AMOUNT OF RELIEF CLAIMED \$ _____ DATE CLAIM AROSE _____

FACTS EXPLAINING THIS CLAIM _____

**IMPORTANT: IF YOU FAIL TO FILE A WRITTEN ANSWER
WITHIN 30 DAYS FROM THE DATE YOU RECEIVE THIS
COMPLAINT, JUDGMENT WILL BE ENTERED AGAINST
YOU FOR THE AMOUNT OF THE CLAIM FILED PLUS
THE COURT COSTS.**

SIGNATURE OF PLAINTIFF _____

CLAIM AMOUNT \$ _____

FILING FEES \$ _____

SERVICE FEES \$ _____ SERVER _____

TOTAL \$ _____

DEFENDANTS INSTRUCTIONS

1. Please fill out the enclosed ANSWER/COUNTERCLAIM form and return it to the Clerk's Office.
2. If the attached complaint shows this case to be in SMALL CLAIMS, it is not necessary to hire an attorney although you may do so, if you wish; in the event both parties do not have attorneys, the judge will ask questions of each party and decide the case on the evidence.
3. You may bring witnesses with you to testify on your behalf or you may have witnesses subpoenaed by providing a list of their names and addresses and telephone numbers to the Court Clerk of the PULASKI COUNTY DISTRICT COURT. There will be additional costs for issuance and service of each subpoena.
4. Bring to court all papers, receipts and other materials that might be useful as evidence in the case. REMEMBER THIS IS THE TRIAL DATE.
5. If you wish to contest this claim and it is not possible to appear on the deposition date on the front of the complaint, please notify the Clerk of the Court in person or by telephone no later than ten (10) days prior to the court date, and the Clerk will assist you in requesting a new date. In arranging this new date keep in mind that if you do not appear on the new date a judgment will be entered against you. The telephone number of the Clerk is 340-6830.
6. Bring this form with you when you come to Court.
7. In court, direct all statements and questions to the judge.

IMPORTANT: IF YOU FAIL TO FILE A WRITTEN ANSWER WITHIN 30 DAYS, JUDGMENT WILL BE ENTERED AGAINST YOU FOR THE AMOUNT OF THE CLAIM FILED PLUS COURT COSTS. IF THIS OCCURS, YOUR WAGES MAY BE GARNISHED OR ANY OF YOUR PERSONAL PROPERTY MAY BE TAKEN AND SOLD TO PAY THE JUDGMENT.

DO NOT FAIL TO FILE A WRITTEN ANSWER

TO THE ABOVE NAMED DEFENDANT(S):

1. You have been SUED by the afore named plaintiff(s).
2. You must file the attached answer form with this court, within 30 days for Arkansas residents or 30 days for non-residents from the date on which you received this summons or a judgment may be entered against you.
3. In the event that you fail to file a written answer a judgment may be entered against you. If a judgment is entered against you, you do have the right to appeal to Circuit Court within 30 days after the disposition date on the reverse side.
4. You may seek the advice of an attorney on any matter connected with this suit or your answer. Such attorney should be consulted immediately so that an answer may be filed within the time limited stated below.

Amount for which plaintiff
may take judgment if you
fail to appear, exclusive
of interest\$ _____

Court Fees\$ _____

Service Fees\$ _____

Total\$ _____

WITNESS my hand the seal of said Court this day: _____

Deputy Court Clerk

PROOF OF SERVICE

SERVICE BY SHERIFF:

STATE OF ARKANSAS, COUNTY OF _____

On this _____ day of _____, 20____, at _____ o'clock _____ M.

I have duly served the within complaint by delivering a copy thereof (or stating the substance thereof),

together with a copy of the complaint, to _____
such person being:

CHECK APPLICABLE SQUARE:

the person named herein as defendant.

a member of the defendant's family at least 18 years of age at defendant's usual place of abode, namely:

the duly designated agent for service of process for the defendant, namely _____

OTHER

_____, SHERIFF

By: _____, Deputy

SERVICE BY PROCESS SERVER:

I, _____, certify that I have served the within complaint on

the defendant, _____, at

_____ o'clock _____ M, on _____ 20____, by _____
(show manner of service)

(Name and Office, If Any)

Subscribe and sworn to before me this _____ day of _____, 20____
(To be completed if service by other than sheriff or constable).

(Notary Public or Court Clerk)

My Commission Expires:
