IN THE CIRCUIT COURT FOR THE STATE OF OREGON
FOR THE COUNTY OF CLACKAMAS

_____ _____ Plaintiff (Landlord or Agent), v. _____ _____ Defendant (Tenants/Occupants).	**COMPLAINT** **RESIDENTIAL EVICTION** **CASE NO. _____**

I. Tenants are in possession of the dwelling unit, premises or rental property described or located at:

STREET ADDRESS

CITY STATE ZIP

( )
TELEPHONE DEFENDANT'S SOCIAL SECURITY NUMBER (Optional for identification purposes only)

DEFENDANT'S MAILING ADDRESS (if different)

II. Landlord is entitled to possession of the property because of:

- ❑ 24-hour notice for personal injury, substantial damage, extremely outrageous act or unlawful occupant. ORS 90.396 or 90.403.
- ❑ 24-hour or 48-hour notice for violation of a drug or alcohol program. ORS 90.398.
- ❑ 24-hour notice for perpetrating domestic violence, sexual assault or stalking. ORS 90.445
- ❑ 72-hour or 144-hour notice for nonpayment of rent. ORS 90.394.
- ❑ 7-day notice with stated cause in a week-to-week tenancy. ORS 90.392 (6).
- ❑ 10-day notice for a pet violation, a repeat violation in a month-to-month tenancy or without stated cause in a week-to-week tenancy. ORS 90.392 (5), 90.405 or 90.427 (2).
- ❑ 20-day notice for a repeat violation. ORS 90.630 (4).
- ❑ 30-day, 60-day or 180-day notice without stated cause in a month-to-month tenancy. ORS 90.427 (3) or (4) or 90.429.
- ❑ 30-day notice with stated cause. ORS 90.392, 90.630 or 90.632.
- ❑ Other (explain): _____ ❑ See Attached
- ❑ No notice _____ ❑ See Attached

A COPY OF THE NOTICE RELIED UPON, IF ANY, IS ATTACHED

If the landlord uses an attorney, the case goes to trial and the landlord wins in court, the landlord can collect attorney fees from the defendant pursuant to ORS 90.255 and 105.137 (3).

Landlord requests judgment for possession of the premises, court costs, disbursements and attorney fees.

I CERTIFY that the allegations and factual assertions in this complaint are true to the best of my knowledge.

Date	Signature of Landlord, Agent or Attorney OSB#
Address of Plaintiff (Landlord, Agent or Attorney)	Printed / Typed Name of Landlord, Agent or Attorney
City State ZIP	Telephone

I HEREBY CERTIFY that the above is a true copy of the original Complaint in the entitled action.

Date: _____ By:_____

TRIAL COURT ADMINISTRATOR / CLERK / NOTARY