

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

| | |
|----|------------|
| | Plaintiff, |
| | |
| v. | |
| | |
| | |
| | Defendant. |

CASE NO. _____

**MOTION TO TRANSFER FROM SMALL
CLAIMS TO CIRCUIT COURT**

Defendant requests the Court transfer this case from Small Claims Court to Circuit Court. This motion, required by law, is not made for the purpose of delay, and is based upon the following circumstances:

1. Defendant chose to demand a hearing and filed a counterclaim in the amount of \$_____ and;
2. The counterclaim exceeds the jurisdiction of Small Claims and;
3. Defendant includes with his motion, the transfer and filing fees required for the transfer to Circuit Court.

Date

Signature of Defendant

Address of Defendant

Printed / Typed Name of Defendant

City State ZIP

Telephone

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

| | |
|----|------------|
| | Plaintiff, |
| | |
| v. | |
| | |
| | |
| | Defendant. |

CASE NO. _____

**ORDER TO TRANSFER FROM SMALL CLAIMS
TO CIRCUIT COURT**

IT IS HEREBY ORDERED that this case is transferred to Circuit Court for all further proceedings, and is dismissed in the Small Claims Court.

DATE SIGNED: _____

Circuit Court Judge

Notice to Plaintiff of Transfer to Circuit Court:

The defendant has filed a counterclaim against you. You must file with the court a reply to the counterclaim within 20 days following the mailing of this notice. The reply and any further pleadings must conform with the Oregon Rules of Civil Procedure. You may want to consult an attorney to assist you with your claim. You may increase the amount of your original claim. To do so, you must file with the court an amended claim. A copy of the reply and the amended claim, if any must be served on the defendant by mail within 20 days following the mailing of this notice. Proof of service on the defendant may be made by certificate of the plaintiff or plaintiff's attorney. Attach to the reply or amended claim, if any, and file with the court.

An additional filing fee must be paid upon the filing of the reply.

Counterclaim of more than \$10,000 up to \$50,000 (original claim \$2,500.00 or less) pay additional fee of \$226.00

Counterclaim of more than \$10,000 up to \$50,000 (original claim more than \$2,500.00) pay additional fee of \$181.00

Counterclaim of more than \$50,000 and less than \$1Million (original claim \$2,500 or less) pay additional fee of \$537.00

Counterclaim of more than \$50,000 and less than \$1Million (original claim more than \$2,500) pay additional fee of \$492.00

Date

Signature of Defendant

Address of Defendant

Printed / Typed Name of Defendant

City

State

ZIP

Telephone