

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF MULTNOMAH
Small Claims Department

Name (Plaintiff)(s)

Plaintiff Address

City / State / Zip

Telephone County

(Inmate ID #, if applicable, _____)

v.

Defendant(s)
 Defendant is a public body

Name and address of defendant(s) for service (enter Registered Agent, if necessary, on the next page):

Name (Defendant)

Street (do not use a P.O. Box)

City / State / Zip

Telephone County

Name (Defendant)

Street (do not use a P.O. Box)

City / State / Zip

Telephone County

I, Plaintiff, claim that on or about (date) _____, the above-named defendant(s) owed me the sum of \$ _____ because _____

_____, and this amount is still due.

Claim	\$ _____
+ Fees	\$ _____
+Costs	\$ _____
TOTAL	\$ _____

CASE NO.

SMALL CLAIM AND NOTICE OF
SMALL CLAIM

FILING FEE AT ORS 46.570

Interpreter needed: **Spanish** **Russian**
 other: _____

Subject to UTCR 5.180(3)
 Subject to ORS 646A.670(1) and
UTCR 5.180(2)

DECLARATION OF BONA FIDE EFFORT

I, Plaintiff, have made a bona fide effort to collect this claim from the defendants before filing this claim with the court clerk.

If this case is subject to ORS 646A.670(1) (*see the box at the top of page 1*)
See the Oregon Judicial Department website for information about debt collection cases:
www.courts.oregon.gov/debtcollection

I have complied with ORS 646A.670(1) and UTCR 5.180. A completed *Consumer Debt Collection Disclosure Statement* is attached and incorporated into this pleading as required by UTCR 5.180(2)(iii).

I hereby declare that the above statements are true to the best of my knowledge and belief, and that I understand they are made for use in court and I am subject to penalty for perjury.

Date

Plaintiff Signature

Plaintiff Name (print)

DEFENDANT'S REGISTERED AGENT:

Name

Street (do not use a P.O. Box)

City / State / Zip

Phone

County

NOTICE TO DEFENDANT:
READ THESE PAPERS CAREFULLY!

Within **30 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) and submit proof of that payment 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, including prejudgment or preaward interest, fees and costs.

If you fail to do one of the above within 30 DAYS* 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.

Multnomah County Courthouse
1200 SW 1st Ave, Rm 02100
Portland, OR 97204
(971) 274-0545

East County Courthouse
18480 SE Stark Street
Portland, OR 97233
(971) 274-0700

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) | \$ _____ |

If you have questions about filing procedures, go to www.courts.oregon.gov for information and instructions, or you may contact the court clerk. The clerk *cannot* give you legal advice about the claim.