ORS 46.425

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

_____ **Case No:** _____

_____
Plaintiff
(Inmate SID #, if applicable, _____)
v.
_____

_____
Defendant
☐ Defendant is a public body

SMALL CLAIM AND NOTICE OF SMALL CLAIM
Filing Fee at ORS 46.570

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

PLAINTIFF (☐Additional on attached page)

_____
Name

_____
Street

_____
City / State / ZIP

_____
Phone County

DEFENDANT (☐Additional on attached page)

_____
Name (enter Registered Agent, if necessary, on next page)

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

_____
City / State / ZIP

_____
Phone County

- I need an interpreter: ☐ Spanish ☐ ASL ☐ Other: _____

I, Plaintiff, claim that on or about *(date)*_____, the above-named defendants owed me the sum of (or property valued at) $_____ because _____

_____

_____

_____

_____

_____

_____

_____

_____, and this amount is still due.

I have paid (or will pay):

filing fees of $_____

and service costs of $_____

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

DECLARATION OF GOOD FAITH EFFORT

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

(Describe your efforts):_____

_____

_____

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. I understand they are made for use in court and I am subject to penalty for perjury.

_____ _____
Date Plaintiff Signature

_____ _____
Email 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) **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 (including prejudgment interest, fees, and costs) is more than $750

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.

COURT NAME / ADDRESS / PHONE #
>
>
>

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) $ _____

You can fill out and file your *Response* online at *www.courts.oregon.gov/iforms*. If you have questions about filing procedures, go to *www.courts.oregon.gov*. Or you may contact the court clerk. The clerk *cannot* give you legal advice about the claim.