_____ Small Claims Division _____ Civil Division Plaintiff Address: _____Phone: ____ VS. Case Number _____ Defendant Address: Phone: Nature of Claim: Amount of Relief Claimed: Date Claim Arose: Factual Basis of Claim: Plaintiff's Attorney, if any (Civil Only), and Address: (Signature of Plaintiff or Attorney (Civil Only) **NOTICE TO DEFENDANT** You are hereby warned to file a written answer with the clerk of the court within 30 days after the date you receive this complaint and to send a copy to the plaintiff or to his/her attorney. If you do not file an answer within 30 days or if you fail to file an answer, a default judgment may be entered against you. (Signature of Clerk or Judge) PROOF OF SERVICE State of Arkansas City of Elkins I, ______, hereby certify that I served the within complaint on the defendant, _____, at _____, 'clock __m. on ______, _____, by _______ (Signature and office, if any) Subscribed and sworn to before me this _____ day of ______, 20. [To be completed if service is by someone other than sheriff or constable.] Notary Public or Court Clerk My commission expires:

WASHINGTON COUNTY DISTRICT COURT, ELKINS DEPARTMENT

COMPLAINT