

STATEMENT OF CLAIMS AND CITATION

SMALL CLAIMS DIVISION

DOCKET NO: _____

CITY COURT OF EAST ST. TAMMANY

FILED: _____

DEPUTY CLERK

Full Name of Suing Party and Address (**Plaintiff**)

Full Name of Party Being Sued (**Defendant**)

PLAINTIFF: PLEASE PRINT

IF INDIVIDUAL: PLEASE PRINT

NAME _____
ADDRESS _____
CITY/STATE _____
ZIP CODE _____
PHONE # _____
EMAIL _____

IF COMPANY: PLEASE PRINT

COMPANY NAME _____
*AGENTS NAME _____
*AGENT ADDRESS _____
CITY/STATE _____
ZIP CODE _____
PHONE NUMBER _____

PLAINTIFF CLAIMS THE FOLLOWING FROM THE DEFENDANT: (Short statement of plaintiff's claim and reasons. If money claim, state year indebtedness arose and describe any promissory note. If claim to movable property, give description and value.) **(COPIES OF ANY DOCUMENTATION (i.e. leases, etc.) SHALL BE PROVIDED BY THE PLAINTIFF &/OR THE DEFENDANT).**

AMOUNT OF CLAIM: \$ _____ **PLUS \$ 90.00 COURT COSTS** FOR THE FIRST DEFENDANT NAMED IN THIS SUIT, **PLUS \$ 60.00** FOR EACH ADDITIONAL DEFENDANT, **PLUS ACTUAL COST OF SERVICE,** TOGETHER WITH LEGAL INTEREST FROM DATE OF JUDICIAL DEMAND. **NO PERSONAL CHECKS ACCEPTED.**

Give an Explanation of your claim below (if more room is needed attach separate sheet).

DATE: _____

Signature of Plaintiff

NOTE: UNDER PENALTY OF DEFAULT, YOU MUST RESPOND WITHIN TEN (10) DAYS.

ARBITRATION/TRIAL DATE

THE DATE AND TIME OF ARBITRATION/TRIAL IS THE _____ DAY OF _____, 20__ AT 9:00 AM. THE LOCATION OF THE ARBITRATION/TRIAL IS CITY COURT OF EAST ST. TAMMANY (formerly Slidell City Court), 501 BOUSCAREN STREET, SLIDELL, LOUISIANA. IF YOU CANNOT ATTEND THE ARBITRATION/TRIAL AT THE DATE NOTED ABOVE, YOU MUST NOTIFY THE CLERK OF THIS FACT, AT LEAST ONE WEEK BEFORE ARBITRATION/TRIAL DATE, STATING YOUR REASONS. **(DEFENDANTS: TO BE SURE THAT YOU WILL HAVE YOUR DAY IN COURT, YOU MUST FILE YOUR ANSWER WITH THE CLERK WITHIN TEN (10) DAYS FROM THE DATE YOU RECEIVE THIS CLAIM).**

In accordance with LSA R.S. 13:5207.1(F) et seq., this proceeding has been referred to arbitration.

PLAINTIFF ACCEPTED SERVICE FOR THE ABOVE COURT DATE:

X _____
DATE: _____

SHERRY L. PHILIPS
Clerk of Court

_____ [+ \$15]: MARSHAL SERVICE (INSIDE Wards 8 & 9)
_____ [+ \$45]: SHERIFF SERVICE (OUTSIDE Wards 8 & 9)
_____ CERTIFIED MAIL (Standard Service Included)

Contact this office the day BEFORE Arbitration/Trial date: (985) 643-1274
PLAINTIFF MUST CALL IN ADVANCE TO CHECK SERVICE OF DEFENDANT