



IN THE CIRCUIT COURT OF CLAY COUNTY, MISSOURI

Judge or Division:	Case Number:	
Plaintiff(s):		
1. YOUR NAME		(Date File Stamp)
2.	Plaintiff's Address (No. 1):	Defendant's Address (No. 1):
vs.	City, State, Zip:	City, State, Zip:
Defendant(s):	Telephone Number:	Telephone Number:
1. #1 DEFENDANT'S NAME	Plaintiff's Address (No. 2):	Defendant's Address (No. 2):
2. #2 DEFENDANT'S NAME	City, State Zip:	City, State, Zip:
	Telephone Number:	Telephone Number:

Petition Small Claims Court

← **FILL IN AMOUNT**
Must be \$3,000.00 or under

The plaintiff states he/she has a claim against the defendant in the amount of \$ _____ The claim arose on or about **DATE OF ACTION** _____ (date) as a result of the following events:

SAMPLE

GIVE A SHORT DESCRIPTION

(include additional page if necessary)
The plaintiff states that the information contained in this petition is true and correct to the best of his/her knowledge, that he/she is not an assignee of this claim and that he/she has not filed more than twelve (12) other claims in the Missouri small claims courts during the current calendar year.

The plaintiff understands that, should he/she be successful in this action and obtain judgment, and if the defendant does not appeal within ten days, this judgment becomes final. The plaintiff cannot commence another action involving the same parties and issues. The plaintiff understands that he/she is waiving the right to jury trial on these issues in the small claims court.

← **DATE & SIGN** →

 Date. Signature of Plaintiff

Keep a copy of this petition and bring it to court.