

**GRAYS HARBOR COUNTY DISTRICT COURT, DEPT. 2**  
2109 Sumner Ave., Room 201, Pearsall Building, Aberdeen, WA 98520 (360) 532-7061

Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

PO Box: \_\_\_\_\_

City: \_\_\_\_\_

State & Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Plaintiff(s),**

v.

Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

PO Box: \_\_\_\_\_

City: \_\_\_\_\_

State & Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Defendant(s).**

**SMALL CLAIMS DEPARTMENT**

Case No. \_\_\_\_\_

**Notice of Claim**

TO THE DEFENDANT(S) ABOVE NAMED: **You are notified to be and appear** at Grays Harbor County District Court (Dept. 2) located at 2109 Sumner Avenue, Room 201, Pearsall Building, Aberdeen, Washington, on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at **9:00 a.m., for pre-trial**. You are to bring with you any and all papers, contracts and proof needed by you to establish or defend this claim. **You are further notified** that if you fail to personally appear as directed, a Judgment may be entered against you for the amount claimed, plus plaintiff's costs of filing and service of the claim upon you. Plaintiff must also appear if a judgment is to be entered. If Plaintiff fails to appear, the claim may be dismissed. All claims remaining in dispute after pre-trial will be referred to mediation services prior to trial. If the claim is not resolved after attempting mediation, a trial date will be set, at which time you may request your witnesses to appear. An informational pamphlet about Small Claims Cases is available free at the court office.

Dated: \_\_\_\_\_,  
*(To be filled in by court staff)*

Mallin Shelton, Court Administrator  
By \_\_\_\_\_

**STATEMENT OF CLAIM**

The Plaintiff (s) above named claims that the Defendant(s) above named owes the Plaintiff(s) the sum of \$ \_\_\_\_\_, which became due and owing on \_\_\_\_\_.

[Date]

The amount owed is for:

Faulty Workmanship  Merchandise  Auto Damages-Date of Accident \_\_\_\_\_

Wages  Loan  Return of Deposit  Rent  Property Damage

Other \_\_\_\_\_

Explain reason for claim \_\_\_\_\_

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\_\_\_\_\_

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed at \_\_\_\_\_, [City] \_\_\_\_\_ [State] on \_\_\_\_\_ [Date].

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or Type Name