

Plaintiff: (Name [first, middle, last], Address, City, State, Zip)

See attached for additional plaintiffs.

Amended

-VS-

To: Defendant(s): (Name [first, middle, last], Address, City, State, Zip)

See attached for additional defendants.

**Summons and Complaint
Small Claims**

Case No. _____

- Claim for money (\$10,000 or less) 31001
- Tort/Personal injury (\$5,000 or less) 31010
- Return of property (replevin) 31003
- Eviction 31004
- Eviction due to foreclosure 31002
- Arbitration award 31006
- Return of earnest money 31008

If you require reasonable accommodations due to a disability to participate in the court process, please call _____ at least 10 working days prior to the scheduled court date. Please note that the court does not provide transportation.

SUMMONS

To the Defendant(s):

You are being sued as described on the attached complaint. If you wish to dispute this matter:

You must appear at the time and place stated.

AND/OR

You must file a written answer and provide a copy to the plaintiff or plaintiff's attorney on or before the date and time stated.

If you do not appear or answer, the plaintiff may win this case and a judgment entered for what the plaintiff is asking.

When to Appear/File an Answer

Date	Time
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Place to Appear/File an Answer

Clerk/Attorney Signature

Date Summons Issued Date Summons Mailed

COMPLAINT

Plaintiff's Demand:

The plaintiff states the following claim against the defendant(s):

1. Plaintiff demands judgment for *(Check as appropriate)*

- Claim for Money \$ _____
- Tort/Personal Injury \$ _____
- Return of property (replevin) *(Describe property in 2 below.) (Not to include Wis. Stats. 425.205 actions to recover collateral.)*
- Eviction
- Eviction due to foreclosure
- Return of Earnest Money
- Confirmation, vacation, modification or correction of arbitration award.

Plus interest, costs, attorney fees, if any, and such other relief as the court deems proper.

2. Brief statement of dates and facts:

(If this is an eviction action and you are seeking money damages, you must also state that claim on this form.)

See attached for additional information. Provide copy of attachments for court and defendant(s).

Verification: Under oath, I state that the above complaint is true, except as those matters stated upon information and belief, and as to those matters, I believe them to be true.

Notarization is not required if this Complaint is electronically filed.	I am the: <input type="checkbox"/> plaintiff. <input type="checkbox"/> attorney for the plaintiff.	
State of _____ County of _____ Subscribed and sworn to before me on _____ _____ Notary Public/Court Official _____ Name Printed or Typed My commission/term expires: _____	Plaintiff/Attorney _____ Plaintiffs'/Attorney's Telephone Number _____ Law Firm and Address _____ _____ _____	Date _____ Attorney's State Bar Number _____