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| Enter the name of the county in which the case was filed. | **STATE OF WISCONSIN, CIRCUIT COURT,** **COUNTY** |  |
| Enter the Plaintiff’s name. | Plaintiff(s): (Name and Address)       First name Middle name Last name        Address        Address        City State Zip[ ]  **See attached** for additional plaintiffs.-vs- |
| Enter the Plaintiff’s address. |
| If there is more than one plaintiff, check the “additional plaintiffs” box and attach another sheet with their names and addresses.Enter the case number. |
| **Small Claims****Demand for Trial****And Instructions**Case No.        |
| Enter the Defendant’s name. | Defendant(s): (Name and Address)       First name Middle name Last name        Address        Address        City State Zip[ ]  **See attached** for additional defendants. |
| Enter the Defendant’s address. |
| If there is more than one defendant, check the “additional defendants” box and attach another sheet with their names and addresses. |

**NOTICE TO PARTIES:**

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| For 1, check one box.For 2, check either 2a or 2b and enter the appropriate date. If 2a, file with the court and mail to the other parties and attorney (if any) copies of this form within 10 days of the oral decision.If 2b, file with the court and mail to the other parties and attorney (if any) copies of this form within 15 days from the date a written decision was mailed.  | If you do not file a timely demand for trial, you have no right to a trial and no right to an appeal.1. I am the [ ]  plaintiff [ ]  defendant in this small claims case.
2. This case was decided by a court commissioner as follows:

a. [ ]  Orally in court on [Date]       .- OR -b. [ ]  By a written decision mailed on [Date]       .I demand a trial before a circuit court judge. I understand it is my responsibility to mail or deliver copies of this demand to all other parties and attorney (if any) and I must prove that I have done so. |
| Sign and print your name. Enter the date on which you signed your name. **Note**: This signature does not need to be notarized. | Signature of Party      | Date      |
| If an attorney is completing this form, enter your information. | Attorney Name, Law Firm, Address, and Telephone Number      | Attorney's State Bar Number      |
| **You must be able to prove you mailed copies to the other parties and attorney (if any). After you mail a copy, you should file your proof of mailing with the Court as soon as possible. Proof of mailing includes, but is not limited to, a return receipt for certified or registered mail, a post office certificate of mailing, or a notarized affidavit of mailing (SC-5130V).** |