IN THE DISTRICT C						
GRANT COUNTY, V	VASHINGTON					
PLAINTIFF'S NAME						
		SMALL CLAIM #				
ADDRESS						
ADDRESS						
CITIV	OTT A THE TAID					
CITY	STATE ZIP	NOTICE OF SMALL CLAIM				
		NOTICE OF SMALL CLAIM				
HOME PHONE NO	WORK PHONE NO.					
	VS.					
DEFENDANT'S NAM	E					
ADDRESS						
CITY	CITY STATE ZIP					
PHONE NO.						
THORE ITO.						
YOU ARE HEREBY N	OTIFIED that the above named	Plaintiff has filed a claim against you amounting to				
\$	; the reasons for which are stated below.					
YOU ARE HEREBY F	URTHER NOTIFIED to person	ally appear to answer said claim on theday				
of, at a.m. / p.m. at: Grant County District Court						
[ ] 1 <sup>st</sup> & C Street, Eph	rata, Washington 98823 [ ] Roo	om 301 [ ] Room 209 [ ] Room 202				
[ ] 1525 E. Wheeler Ro	d, Moses Lake, Washington 988	337				
		, contracts and proof needed by you to establish or defend				
		es who will testify on your behalf.				
		is the third county on your commit				
Notice of Small Claim GCDC 12/2018	- rage 1 01 2					

**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. If this claim is settled prior to the hearing date, the parties must notify the Court immediately, in writing.

		Clerk		
	Small	Claim #		
	STATE	MENT OF CL	AIM	
	the undersign, which became			
The amount owed is for:				
[] Faulty Workmanship	[] Merchandise [] Au	to Damages-Dat	e of Accident	
[] Wages [] Loan	[] Damage Deposit	[] Rent	[] Property Damage	
[] Other				
Explain reason for claim _				
I declare under penalty of	perjury under the laws of the	he state of Wash	ington that the foregoing is	s true and correct.
Signed at	, [City]	[State]	on	_ [Date].
Signature		Print or 7	Гуре Name	