SMALL CLAIMS APPLICATION FOR SPARKS TOWNSHIP

(NOTE: THE PARTY YOU ARE SUING **MUST** RESIDE IN, BE EMPLOYED IN OR DO BUSINESS IN THE SPARKS TOWNSHIP

CASE/DEPT NO. _____

CT. DATE. _____

CT. TIME._____

SERVICE BY. _____

PLAINTIFF _____

ADDRESS _____(INCLUDE CITY, STATE & ZIP)

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) _____

PHONE # _____

DEFENDANT(S) _____

ADDRESS (PHYSICAL) _____(INCLUDING CITY, STATE & ZIP)

_____

RESIDENT AGENT NAME/ADDRESS_____
(if applicable)

_____

PHONE # _____

DEFENDANT'S EMPLOYMENT _____

AMOUNT OF SUIT $_____(DO NOT INCLUDE COSTS TO FILE & SERVE THIS SUIT)

BRIEFLY STATE THE REASON _____

_____

TO THE BEST OF YOUR KNOWLEDGE, IS THE DEFENDANT DISPUTING YOUR CLAIM? _____

HAVE YOU AND THIS PERSON EVER SUED EACH OTHER BEFORE?

NO____YES____ WHEN?_____WHERE?_____

BELOW STATE ALL DETAILS INVOLVING YOUR CASE, INCLUDING DATES, NAMES AND LOCATIONS

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