

IN THE JUSTICE COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF MARION  
SMALL CLAIMS DEPARTMENT

Case No: \_\_\_\_\_

\_\_\_\_\_  
Plaintiff

\_\_\_\_\_  
v.

\_\_\_\_\_  
Defendant

**Small Claim and  
Notice of small Claim**  
Filing fee at ORS 51.310

**PLAINTIFF**  Additional on attached page      **DEFENDANT**  Additional on attached page

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name (enter Registered Agent, if necessary, on next page)

\_\_\_\_\_  
Street

\_\_\_\_\_  
Street (do not use a P.O. Box)

\_\_\_\_\_  
City / State / Zip

\_\_\_\_\_  
City / State / Zip

\_\_\_\_\_  
Phone number and County

\_\_\_\_\_  
Phone number and County

I, Plaintiff, claim that on or about *(date)* \_\_\_\_\_, the above-named defendants owed me the sum of  
\$ \_\_\_\_\_ because \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_, and this amount is still due.

I have paid (or will pay):

filing fees of \$ \_\_\_\_\_

and service costs of \$ \_\_\_\_\_

Claim	\$ _____
+ Fees	\$ _____
+ Costs	\$ _____
TOTAL	\$ _____

## DECLARATION OF BONA FIDE EFFORT

I, Plaintiff, have made a good faith effort to collect this claim from the defendants before filing this claim with the court clerk.

Describe your efforts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**I hereby declare that the above statements are true to the best of my knowledge and belief. I understand they are made for use in court and I am subject to penalty for perjury.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Plaintiff Signature

\_\_\_\_\_  
Plaintiff Name (*print*)

### **DEFENDANT'S REGISTERED AGENT:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street (do not use a P.O. Box)

\_\_\_\_\_  
City / State / Zip

\_\_\_\_\_  
Phone County

# **NOTICE TO DEFENDANT: READ THESE PAPERS CAREFULLY!**

Within **14 DAYS** after receiving this notice you **MUST** do **ONE** of the following things in writing:

- Pay the claim plus filing fees and service expenses paid by plaintiff. Send payment directly to the plaintiff, not to the court.
- Demand a hearing and pay the required filing fee listed below.
- Demand a jury trial and pay the required filing fee listed below. A jury trial is available only if amount claimed is more than \$750.

If you fail to do one of the above within 14 DAYS after you get this notice, the plaintiff may ask the court to enter a judgment against you. The judgment will be for the amount of the claim, plus filing fees and service costs paid by the plaintiff, plus a prevailing party fee. If you are not able to respond in time because you are in active military service of the United States, talk to a legal advisor about the Service members Civil Relief Act.

**COURT NAME / ADDRESS / PHONE # / WEBSITE**

Marion County Justice Court  
4660 Portland Rd. NE Suite 107  
Salem, OR 97305  
Phone: (503) 576-7200  
Website: [www.co.marion.or.us/jc](http://www.co.marion.or.us/jc)

**Defendant's Filing Fees** (must be filled in by the PLAINTIFF):

- (1) To demand a hearing if the amount claimed is \$2,500 or less      \$ \_\_\_\_\_  
(2) To demand a hearing if the amount claimed is more than \$2,500      \$ \_\_\_\_\_  
(3) To demand a jury trial if amount claimed is over \$750      \$ \_\_\_\_\_

If you have questions about filing procedures you may contact the court clerk. The clerk cannot give you legal advice about the claim.