

IN THE JUSTICE COURT OF THE STATE OF OREGON
FOR BAKER COUNTY

Small Claims Department

_____))
 _____))
 _____)) **Case No:** _____
 Plaintiff))
 _____))
 (Inmate ID #, if applicable, _____))
 v.) **SMALL CLAIM AND**
 _____)) **NOTICE OF SMALL CLAIM**
 _____))
 _____)) Filing fee: \$28.00
 Defendant))
 Defendant is a public body)

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 County

Phone 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 bona fide effort to collect this claim from the defendants before filing this claim with the court clerk.

I hereby declare that the above statements are true to the best of my knowledge and belief, and that 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) **OR**
- Demand a hearing and pay the fee required (below) **OR**
- Demand a jury trial and pay the fee required (below). This option 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 #

Baker County Justice Court District 1
1995 Third Street, Suite 170
Baker City, OR 97814
Ph: (541) 523-8213

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 (only if amount claimed is over \$750) | \$ _____ |

If you have questions about filing procedures, go to www.courts.oregon.gov for information and instructions, or you may contact the court clerk. The clerk *cannot* give you legal advice about the claim.

***NOTE:** If the plaintiff is an inmate (ORS 30.642) AND the defendant is a government agency or other public body (ORS 30.260), the defendant must respond within **30 days** after receiving this Notice.