In the Justice Court of The State of Oregon For the County of Morrow Small Claims Department

	Case No:	
Plain	CREATE OF ATREARIES	
(Inmate SID #, if applicable,	NOTICE OF SMALL CLAIM	
V.	Filing fee at ORS 46.570	
	Subject to UTCR 5.180(3)	
Defend □Defendant is a public b		
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	
	, the above-named defendants owed me the sun	
	, and this amount is still due.	
I have paid (or will pay):	Claim \$	
	Claim \$ + Fees \$	
I have paid (or will pay):	Claim \$	

DECLARATION OF GOOD FAITH 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):__ If this case is subject to ORS 646A.670(1) (see the box at the top of page 1) See the Oregon Judicial Department website for information about debt collection cases: www.courts.oregon.gov/debtcollection ☐ I have complied with ORS 646A.670(1) and UTCR 5.180. A completed Consumer Debt Collection Disclosure Statement is attached and incorporated into this pleading as required by UTCR 5.180(2)(iii). 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)

County

City / State / Zip

Phone

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 Servicemembers Civil Relief Act.

COURT NAME / ADDRESS / PHONE

- > Morrow County Justice Court
- > PO Box 130
- > Irrigon, OR 97844 541-922-4082

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)	\$ \$	
You can fill out and file your <i>Response</i> with the Morrow County Justice Court, 215 N. Main Street, PO Box 130, Irrigon, OR 97844.		
If you have questions about filing procedures, go to <u>www.courts.oregon</u> may contact the court clerk.	<u>.gov</u> . Or you	
The clerk cannot give you legal advice about the claim.		

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