

SMALL CLAIMS DIVISION

DOCKET NUMBER:

BOSSIER CITY COURT

BOSSIER PARISH, LOUISIANA

STATEMENT OF CLAIM

Full Name of Suing Party (PLAINTIFF)

Full Name of Party Being Sued (DEFENDANT)

REGISTERED AGENT
(if applicable)

REGISTERED AGENT
(if applicable)

STREET ADDRESS

STREET ADDRESS

CITY, STATE AND ZIP CODE

CITY, STATE AND ZIP CODE

PHONE NUMBER

PHONE NUMBER

***REQUEST FOR ARBITRATION**

I hereby declare that I am the PLAINTIFF in this case and I hereby request that this case be referred for ARBITRATION. (not applicable to Promissory Notes)

NAME & ADDRESS OF DEFENDANT #2
(if applicable) OR POE:

Signature of Plaintiff

Phone Number

THE PLAINTIFF CLAIMS THE FOLLOWING FROM THE DEFENDANT:

AMOUNT OF CLAIM: \$ _____ (maximum \$5,000.00) DO NOT INCLUDE COURT COSTS AND INTEREST.

Give a SIMPLE explanation of your claim below. This should include the TOTAL AMOUNT of money you are try to recover and an ITEMIZATION and BRIEF explanation.

Signature of Plaintiff

TRIAL DATE

THE DATE AND TIME OF TRIAL IS THE _____ DAY OF _____, 20____ AT _____ O'CLOCK _____.M. THE LOCATION OF THE TRIAL IS BOSSIER CITY COURT, 620 BENTON ROAD, BOSSIER CITY, LOUISIANA.

DEPUTY CLERK

****PLAINTIFF SHOULD CALL BEFORE TRIAL DATE TO CHECK SERVICE OF DEFENDANT. (318) 741-8584 , 741-8583, 741-8598, 549-4583**

**PROPER ATTIRE REQUIRED!
NO SHORTS*NO BANDANAS
NO HATS*NO TANK TOPS
NO BEACH SANDALS**