

Enter the name of the county in which you are filing this case.

STATE OF WISCONSIN, CIRCUIT COURT,
 _____ **COUNTY**

The plaintiff is the person bringing the law suit.

Plaintiff:

Enter the Plaintiff's name and address. If two plaintiffs are living at the same address, then the names and addresses may be listed together.

First name	Middle name	Last name
Address		
Address		
City	State	Zip

For more plaintiffs, check the "additional plaintiffs" box and attach another sheet with their names and addresses.

See attached for additional plaintiffs.

-VS-

If this is an Amended Complaint, check the box.

To: Defendant(s):

Enter the case number given you by the Clerk.

First name	Middle name	Last name
Address		
Address		
City	State	Zip

The defendant is the person or business you are suing. Enter the name(s) and address(es) of the defendant(s).

See attached for additional defendants.

For more than two defendants, check the "additional defendants" box and attach another sheet with their names and addresses.

On the far right: Check one of the boxes to show what type of small claims case you are filing.

Note: The clerk will provide the phone number for the disability box.

Amended

**Summons and Complaint
Small Claims**

Case No. _____

- Claim for money (\$10,000 or less) 31001
- Tort/Personal injury (\$5,000 or less) 31010
- Return of property (replevin) 31003
- Eviction 31004
- Eviction due to foreclosure 31002
- Arbitration award 31006
- Return of earnest money 31008

If you require reasonable accommodations due to a disability to participate in the court process, please call _____ at least 10 working days prior to the scheduled court date. Please note that the court does not provide transportation.

SUMMONS

Do not check either of these boxes.

The clerk will check one or both and circle "AND" or "OR" according to local court procedure.

The clerk will circle what you need to do and will provide the date, time, and place to appear and/or answer.

Note: Leave dates blank; the clerk or plaintiff's attorney will enter them.

To the Defendant(s):

You are being sued as described on the attached complaint. If you wish to dispute this matter:

You must appear at the time and place stated.

AND/OR

You must file a written answer and provide a copy to the plaintiff or plaintiff's attorney on or before the date and time stated.

If you do not appear or answer, the plaintiff may win this case and a judgment entered for what the plaintiff is asking.

Clerk/Attorney Signature

When to Appear/File an Answer	
Date	Time
Place to Appear/File an Answer	
Date Summons Issued	Date Summons Mailed

COMPLAINT

Check the box for the type of small claims case you have filed.

See Basic Guide to Wisconsin Small Claims Actions (SC-6000V).

Plaintiff's Demand:

The plaintiff states the following claim against the defendant(s):

1. Plaintiff demands judgment for: *(Check as appropriate)*

- Claim for Money \$ _____
- Tort/Personal injury \$ _____
- Return of property (replevin) *(Describe property in 2 below.)*
(Not to include Wis. Stats. 425.205 actions to recover collateral.)
- Eviction
- Eviction due to foreclosure
- Return of earnest money
- Confirmation, vacation, modification or correction of arbitration award.

Plus interest, costs, attorney fees, if any, and such other relief as the court deems proper.

2. Brief statement of dates and facts:

(If this is an eviction action and you are seeking money damages, you must also state that claim on this form.)

Briefly explain the facts and why the court should award you what you are asking for.

For Eviction Actions: If you are seeking money damages, you must also state that claim on this form. If you do not know the exact amount of money damages yet, state that the amount of money damages cannot yet be determined.

If you need more room, check this box and attach additional sheets.

See attached for additional information. Provide copy of attachments for court and defendant(s).

Notarization is not required if this Complaint is electronically filed.

Verification: Under oath, I state that the above complaint is true, except as those matters stated upon information and belief, and as to those matters, I believe them to be true.

I am the plaintiff.
 attorney for the plaintiff.

Have the Notary Public sign, date, and seal the document.

State of _____
County of _____
Subscribed and sworn to before me on _____

Plaintiff/Attorney	Date
--------------------	------

Enter your or your attorney's phone number.

Notary Public/Court Official

Plaintiff's/Attorney's Telephone Number	Attorney's State Bar Number
---	-----------------------------

An attorney must enter his or her State Bar Number, law firm and address.

Name Printed or Typed
My commission/term expires: _____

Law Firm and Address

COPIES: For each person you are suing, make two copies of this signed original and any attachments, and bring them to the clerk of court.

(SEAL)