Enter the name of the county in which the case was filed.	**STATE OF WISCONSIN, CIRCUIT COURT,**
	_____ **COUNTY**
Enter the Plaintiff's name.	Plaintiff(s): [Names and Addresses]
Enter the Plaintiff's address.	First name Middle name Last name
If there is more than one plaintiff, check the "additional plaintiffs" box and attach another sheet with their names and addresses.	Address
	Address
	City State Zip
	☐ **See attached** for additional plaintiffs.
Enter the case number.	-vs-
Enter the Defendant's name.	Defendant(s): [Names and Addresses]
Enter the Defendant's address.	First name Middle name Last name
	Address
If there is more than one defendant, check the "additional defendants" box and attach another sheet with their names and addresses.	Address
	City State Zip
	☐ **See attached** for additional defendants.

**Demand for Trial
And Instructions
(Small Claims)**

Case No. _____

NOTICE TO PARTIES:

If you do not file a timely demand for trial, you have no right to a trial and no right to an appeal.
1. I am the ☐ plaintiff ☐ defendant in this small claims case.

2. This case was decided by a court commissioner as follows:
   ☐ A. Orally in court on [Date] _____.
                          - OR -
   ☐ B. By a written decision mailed on [Date] _____.

I demand a trial before a circuit court judge. I understand it is my responsibility to mail or deliver copies of this demand to all other parties and attorney (if any) and I must prove that I have done so.

► _____
Signature of Party

_____
Name Printed or Typed

_____
Address

_____
Email Address

_____
Telephone Number   Date

Instructions (left column, lower):

For 1, check one box.

For 2, check either 2A or 2B and enter the appropriate date.

If 2A, file with the court and mail to the other parties and attorney (if any) copies of this form within 10 calendar days of the oral decision.

If 2B, file with the court and mail to the other parties and attorney (if any) copies of this form within 15 calendar days from the date a written decision was mailed.

Sign and print your name. Enter the date on which you signed your name.

Note: This signature does not need to be notarized.

SC-517, 11/19 Demand for Trial and Instructions (Small Claims)   §799.207(2), Wisconsin Statutes
This form shall not be modified. It may be supplemented with additional material.
Page 1 of 2

If an attorney is completing this form, enter your information.	▶ _____
	Signature of Attorney
	_____
	Name Printed or Typed
	_____
	Attorney's Address
	_____
	Email Address Telephone Number
	_____
	Date State Bar No. (if any)

You must be able to prove you mailed copies to the other parties and attorney (if any). After you mail a copy, you should file your proof of mailing with the Court as soon as possible. Proof of mailing may include a return receipt for certified or registered mail; a post office certificate of mailing, or a notarized Affidavit of Mailing (SC-5130V) form.

SC-517, 11/19 Demand for Trial and Instructions (Small Claims)   §799.207(2), Wisconsin Statutes
This form shall not be modified. It may be supplemented with additional material.
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