

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] _____ First name Middle name Last name	
Enter the Plaintiff's address.	_____ Address	
If there is more than one plaintiff, check the "additional plaintiffs" box and attach another sheet with their names and addresses.	_____ Address	
Enter the case number.	_____ City State Zip	
Enter the Defendant's name.	<input type="checkbox"/> See attached for additional plaintiffs.	
Enter the Defendant's address.	-VS- Defendant(s): [Names and Addresses] _____ First name Middle name Last name	
If there is more than one defendant, check the "additional defendants" box and attach another sheet with their names and addresses.	_____ Address	
	_____ Address	
	_____ City State Zip	
	<input type="checkbox"/> See attached for additional defendants.	

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

Case No. _____

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.

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

If an attorney is completing this form, enter the attorney's 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 Form SC-5130V, Declaration of Mailing.