This form is also avai (Este formulario está	lable in Spanish. disponible en español.)			
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	First name Middle name Last name			
plaintiffs are living at the same address, then the names and addresses may	Address			
be listed together.  For more plaintiffs, check	Address			
the "additional plaintiffs" box and attach another sheet with their names and	City State Zip  ☐ See attached for additional plaintiffs.  -VS-			
addresses.  If this is an Amended Complaint, check the box.	To: Defendant(s):	A	mended	
Enter the case number given you by the Clerk.		Summons and Complaint (Small Claims)		
The defendant is the	First name Middle name Last name			
person or business you are suing. Enter the name(s)	Address	Case No.		
and address(es) of the defendant(s). For more than two	Address	☐ Claim for money (\$1☐ Tort/Personal injury		
defendants, check the	City State Zip	Return of property (r		
"additional defendants" box and attach another	See attached for additional defendants.			
sheet with their names and		☐ Eviction due to fored ☐ Arbitration award	slosure 31002 31006	
addresses.		Return of earnest m		
On the far right: Check one of the boxes to show what type of small claims case you are filing.		If you require reasonable accommodations due to a disability to participate in the court process, please call		
Note: The clerk will provide the phone number for the disability box.		l .	d court date. Please note ot provide transportation.	
One or both parties Which language?	require the services of an interpreter. Which party? Complete and file the Inte	erpreter Request (GI	<del>149</del> ) form.	
	SUMMONS			
Do not check either of	To the Defendant(s):	When to Appea	ar/File an Answer	
these boxes.  The clerk will check one	You are being sued as described on the attached complaint. If you wish to dispute this matter:	Date Tin	ne	
or both and circle "AND" or "OR" according to local	You must appear at the time and place stated.	Place to Appea	ar/File an Answer	
court procedure.	AND / OR (circle one, if applicable)			
The clerk will circle what you need to do and will provide the date, time, and place to appear 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.			
answer.	If you do not appear or answer, the plaintiff may win this case and a judgment entered for what the plaintiff is asking.			
Note: Leave dates blank; the clerk or plaintiff's attorney will enter them.	Clerk/Attorney Signature	Date Summons Issued	Date Summons Mailed	

## **COMPLAINT**

## Plaintiff's Demand:

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

Check the box for the type	Plaintiff demands	•	ck as appropriate)		
of small claims case you	Claim for Money \$				
have filed.	☐ Tort/Personal	injury \$			
	Return of property (replevin) (Describe property in 2 below.)				
See Basic Guide to	(Not to include Wis. Stats. 425.205 actions to recover collateral.)				
Wisconsin Small Claims	☐ Eviction				
Actions (SC-6000V).	☐ Eviction due to	o foreclosure			
	☐ Return of Earn	nest 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.				
Briefly explain the facts	2 Priof statement of	datas and facts:			
and why the court should	<ol> <li>Brief statement of dates and facts:</li> <li>(If this is an eviction action and you are seeking money damages, you must also state that claim on this form.)</li> </ol>				
award you what you are asking for.	(if this is an eviction ad	ction and you are seekin	g money damages, you must also st	ate that claim on this form.)	
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,	│ │	Iditional information	on. Provide copy of attachme	ents for court and	
check this box and attach additional sheets.	defendant(s).				
Check if you are the	I am the  plaintiff.				
plaintiff or the attorney.	attorney fo	r the plaintiff.			
Enter your or your	<u> </u>			0: 1	
attorney's name and date.	Plai	intiff	Attorney	's Signature	
Print or type your name.	Name Print	ed or Typed	Attornev's Nam	e Printed or Typed	
Enter your or your		ou o , pou	, mo.ne, e nam	or initial or Typou	
attorney's phone number.  An attorney must enter his	Add	Address Attorney's Address		r's Address	
or her State Bar Number,			<u> </u>		
law firm and address.	Email Address		Attorney's Email Address	Telephone Number	
	Telephone Number	Date	Date	State Bar No (if any)	
COPIES: For each person	you are suing, make two copi	ies of this signed origin	nal and any attachments, and brin	g them to the clerk of court.	