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| **This form is also available in Spanish.**  ***(Este formulario está 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.  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.  For more plaintiffs, check the “additional plaintiffs” box and attach another sheet with their names and addresses. | Plaintiff:         First name Middle name Last name    Address    Address         City State  Zip  **See attached for additional plaintiffs.**  -vs-  To: Defendant(s):         First name Middle name Last name    Address    Address         City State Zip  **See attached for additional defendants.** | | |  | | |
| If this is an Amended Complaint, check the box.  Enter the case number given you by the Clerk.  The defendant is the person or business you are suing. Enter the name(s) and address(es) of the defendant(s).  For more than two defendants, check the “additional defendants” box and attach another sheet with their names and addresses. |  | | | 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 | | |
| 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. |  | | | If you require reasonable accommodations due to a disability to participate in the court process, please call       prior to the scheduled court date. Please note that the court does not provide transportation. | | |
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| One or both parties require the services of an interpreter. Which party? | | | | | | |
| Which language?       Complete and file the Interpreter Request ([GF-149](file:///H:/COMPLETED%20FINALIZED%20FORMS/Completed%20Finalized/Completed%20Finalized%201/GF%20Forms/GF%20FORMS%20eSignature/GF-149.FINAL.05-19.docx)) form. | | | | | | |
|  | | | | | | |
| **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. | | **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 (circle one, if applicable)  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. | **When to Appear/File an Answer** | | | |
|  | |  | Date | | Time | |
|  | |  | **Place to Appear/File an Answer** | | | |
|  | |  |  | | | |
| **Note:** Leave dates blank; the clerk or plaintiff’s attorney will enter them. | | Clerk/Attorney Signature | Date Summons Issued | | | Date Summons Mailed |

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| **COMPLAINT** | | | |
|  | **Plaintiff's Demand:** | | |
|  | The plaintiff states the following claim against the defendant(s): | | |
| Check the box for the type of small claims case you have filed.  See *Basic Guide to Wisconsin Small Claims Actions* (SC-6000V). | 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. | |
| 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. | 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.) | |
|  | | |
| **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). | | |
| Check if you are the plaintiff or the attorney. | I am the  plaintiff.  attorney for the plaintiff. | | |
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| Enter your or your attorney’s name and date. | ►  Plaintiff    Name Printed or Typed    Address    Email Address    Telephone Number Date | | Attorney’s Signature    Attorney’s Name Printed or Typed    Attorney’s Address    Attorney’s Email Address Telephone Number    Date State Bar No (if any) |
| Print or type your name. Enter your or your attorney’s phone number. |
| An attorney must enter his or her State Bar Number, 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.** | | | |