This form is also avail	lable in Spanish. disponible en español.)			
Enter the name of the county in which you are	STATE OF WISCONSIN, CIRCUIT COURT, COUNTY			
filing this case. 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.			
addresses. If this is an Amended Complaint, check the box.	-vs- To: Defendant(s):	Aı	mended	
Enter the case number	()	Summons a	nd Complaint	
given you by the Clerk. The defendant is the person or business you are	First name Middle name Last name	(Small Claims)		
suing. Enter the name(s) and address(es) of the	Address	Case No.		
defendant(s). For more than two	Address	☐ Claim for money (\$10,000 or less) 31001 ☐ Tort/Personal injury (\$5,000 or less) 31010		
defendants, check the	City State Zip	Return of property (r		
"additional defendants" box and attach another	See attached for additional defendants.		31004	
sheet with their names and		☐ Eviction due to forec	dosure 31002 31006	
addresses.		Return of earnest me		
On the far right: Check		If you require reasonable accommodations		
one of the boxes to show		due to a disability to participate in the court		
what type of small claims case you are filing.		process, please call		
Note: The clerk will		prior to the scheduled court date. Please note		
provide the phone number for the disability box.		that the court does no	ot provide transportation.	
☐ One or both parties r Which language?	require the services of an interpreter. Which party? Complete and file the Inte	erpreter Request (GF	149) form.	
	SUMMONS			
Do not check either of	To the Defendant(s):	When to Appear/File an Answer Date Time		
these boxes.	You are being sued as described on the attached complaint. If you wish to dispute this matter:			
The clerk will check one or both and circle "AND" or "OR" according to local	You must appear at the time and place stated.	Place to Appear/File an Answer		
court procedure.	AND / OR (circle one, if applicable)			
The clerk will circle what you need to do and will	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.			
provide the date, time, and place to appear and/or 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:

Plaintiff's Telephone Number

The plaintiff states the following claim against the defendant(s): 1. Plaintiff demands judgment for: (Check as appropriate) ☐ Claim for Money \$ ☐ Tort/Personal injury \$ Check the box for the type Return of property (replevin) (Describe property in 2 below.) of small claims case you (Not to include Wis. Stats. 425.205 actions to recover collateral.) have filed. ☐ Eviction See Basic Guide to Eviction due to foreclosure Wisconsin Small Claims Actions (SC-6000V). 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 2. Brief statement of dates and facts: and why the court should (If this is an eviction action and you are seeking money damages, you must also state that claim on this form.) 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, See attached for additional information. Provide copy of attachments for court and check this box and attach defendant(s). additional sheets. Check if you are the I am the \square plaintiff. plaintiff or the attorney. attorney for the plaintiff. Plaintiff's Signature Attorney's Signature Plaintiff's Name Printed or Typed Attorney's Name Printed or Typed Complete this section accordingly. Plaintiff's Address Attorney's Address Plaintiff's Email Address Attorney's Email Address Telephone Number

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.

Date

Date

State Bar No (if any)