This form is also available in Spanish. (Este formulario está disponible en español.)					
STATE OF WISCONSIN, CIRCUIT COURT,					
Plaintiff: [Name (First, Middle, Last), Address, City, State, Zip]					
See attached for additiona	l plaintiffs.		_	_	
-VS-			Amended		
To: Defendant(s): [Name (First, Middle, Last), Address, City, State, Zip]		Summor	ns and Complanall Claims)	aint	
		Case No			
See attached for additional d	efendants.	Claim for mo	ney (\$10,000 or less) Il injury (\$5,000 or less) operty (replevin) to foreclosure ward	31003 31004 31002 31006	
One or both parties require the services of an interpreter. Which part	tv?	Return of ear	rnest money	31008	
Which language? Complete and fi	ile the Inter	oreter Request	: (<u>GF-149</u>) form.		
If you require reasonable accommodations due to a disability to participate in the prior to the scheduled court date. Please note that the court does not provide t		•			
SUMMONS					
To the Defendant(s):	W	When to Appear/File an Answer			
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. 	Date		Time		
AND / OR (circle one, if applicable)	Place to Appear/File an Answer				
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.					
Clerk/Attorney Signature	Date Summor	is Issued	Date Summons Mailed		

COMPLAINT

Plaintiff's Demand:

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

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.

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.)

See attached for additional information. Provide copy of attachments for court and defendant(s).

I am the: plaintiff. attorney for the plaintiff.

	Plaintiff's Signature	Attor	Attorney's Signature	
N	lame Printed or Typed	Attorney's Name Printed or Typed Attorney's Address		
	Address			
Email Address		Attorney's Email Address	Attorney's Telephone Number	
Telephone Number	Date	Date	State Bar No.	