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,	
The plaintiff is the person bringing the law suit.	Plaintiff:	
Enter the Plaintiff's name and address. If two plaintiffs are living at the	First name Middle name Last name	
same address, then the names and addresses may be listed together.	Address	
For more plaintiffs, check the "additional plaintiffs"	City State Zip	
box and attach another sheet with their names and addresses.	See attached for additional plaintiffs.	
If this is an Amended Complaint, check the box. Enter the case number	To: Defendant(s):	
given you by the Clerk.	First name Middle name Last name	Summons and Complaint (Small Claims)
The defendant is the person or business you are 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 "additional defendants" box and attach another sheet with their names and addresses.	City State Zip	
		Eviction due to foreclosure31002Arbitration award31006Return of earnest money31008
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 prior to the scheduled court date. Please note
Note : The clerk will provide the phone number for the disability box.		that the court does not provide transportation.
	require the services of an interpreter. Which party?	

One or both parties require the services of an interpreter. Which party? Which language? _____ Complete and file the Interpreter Request (GF-149) 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.	To the Defendant(s):	When to Appear/File an Answer					
	You are being sued as described on the attached complaint. If you wish to dispute this matter:	Date Tir	ne				
	You must appear at the time and place stated.	Place to Appear/File an Answer					
	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 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. 						
Note: Leave dates blank; the clerk or plaintiff's attorney will enter them.	Clerk/Attorney Signature	Date Summons Issued	Date Summons Mailed				

SC-500I, 02/23 Summons and Complaint – Small Claims This form shall not be modified. It may be supplemented with additional material.

COMPLAINT

	Plaintiff's Demand:				
	The plaintiff states the	following claim agains	t the defendant(s):		
Check the box for the type of small claims case you	 Plaintiff demands judgment for: (Check as appropriate) Claim for Money \$ 				
have filed.	□ Tort/Personal injury \$				
See <u>Basic Guide to</u>	 Return of property (replevin) (Describe property in 2 below.) (Not to include Wis. Stats. 425.205 actions to recover collateral.) 				
Wisconsin Small Claims					
Actions (SC-6000V).					
	 Confirmation, vacation, modification or correction of arbitration award. 				
			y, and such other relief as the		
		sis, allottiey lees, il all		e court deems proper.	
Briefly explain the facts	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.)				
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.					
If you need more room, check this box and attach additional sheets.	See attached for a defendant(s).	dditional information	 Provide copy of attachmen 	ts for court and	
Check if you are the	I am the D plaintiff.				
plaintiff or the attorney.	= '	or the plaintiff.			
	-				
Enter your or your		aintiff	Attorney's	Signatura	
attorney's name and date.	-		Attorneys	Signature	
Print or type your name. Enter your or your	Name Prir	ted or Typed	Attorney's Name F	Printed or Typed	
attorney's phone number. An attorney must enter his	Ad	Address Attorney's Address		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 co	pies of this signed original	and any attachments, and bring t	them to the clerk of court.	