

Enter the name of the county in which the case was filed.	STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY
Enter the Plaintiff's name.	Plaintiff(s): [Names and Addresses] _____
Enter the Plaintiff's address.	First name Middle name Last name _____
If there is more than one plaintiff, check the "additional plaintiffs" box and attach another sheet with their names and addresses.	Address _____
	Address _____
	City State Zip _____
	<input type="checkbox"/> See attached for additional plaintiffs.
Enter the case number.	-VS-
Enter the Defendant's name.	Defendant(s): [Names and Addresses] _____
Enter the Defendant's address.	First name Middle name Last name _____
If there is more than one defendant, check the "additional defendants" box and attach another sheet with their names and addresses.	Address _____
	Address _____
	City State Zip _____
	<input type="checkbox"/> See attached for additional defendants.

**Demand for Trial
And Instructions
(Small Claims)**

Case No. _____

NOTICE TO PARTIES:

<p>For 1, check one box.</p> <p>For 2, check either 2A or 2B and enter the appropriate date.</p> <p>If 2A, file with the court and mail to the other parties and attorney (if any) copies of this form within 10 calendar days of the oral decision.</p> <p>If 2B, file with the court and mail to the other parties and attorney (if any) copies of this form within 15 calendar days from the date a written decision was mailed.</p>	<p>If you do not file a timely demand for trial, you have no right to a trial and no right to an appeal.</p> <p>1. I am the <input type="checkbox"/> plaintiff <input type="checkbox"/> defendant in this small claims case.</p> <p>2. This case was decided by a court commissioner as follows:</p> <p style="padding-left: 20px;"><input type="checkbox"/> A. Orally in court on [Date] _____.</p> <p style="text-align: center;">- OR -</p> <p style="padding-left: 20px;"><input type="checkbox"/> B. By a written decision mailed on [Date] _____.</p> <p>I demand a trial before a circuit court judge. I understand it is my responsibility to mail or deliver copies of this demand to all other parties and attorney (if any) and I must prove that I have done so.</p>
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<p>Sign and print your name. Enter the date on which you signed your name.</p> <p>Note: This signature does not need to be notarized.</p>	Signature of Party	Date
If an attorney is completing this form, enter your information.	Attorney Name, Law Firm, Address, and Telephone Number	Attorney's State Bar Number

You must be able to prove you mailed copies to the other parties and attorney (if any). After you mail a copy, you should file your proof of mailing with the Court as soon as possible. Proof of mailing may include a return receipt for certified or registered mail; a post office certificate of mailing, or a notarized Affidavit of Mailing (SC-5130V) form.