This form is also available in Spanish. (Este formulario está disponible en español.)					
STATE OF WISCONSIN, CIRCUIT COURT,	COUNTY				
Plaintiff: [Name (First, Middle, Last), Address, City, State, Zip]					
☐ See attached for additional	al plaintiffs.				
-VS-	·		☐ Amended		
To: Defendant(s): [Name (First, Middle, Last), Address, City, State, Zip]			ns and Compla mall Claims)	aint	
		Case No			
☐ See attached for additional defendants		Tort/Personal injury (\$5,000 or less) 31010 Return of property (replevin) 31003 Eviction 31004 Eviction due to foreclosure 31002 Arbitration award 31006		31001 31010 31003 31004 31002 31006 31008	
One or both parties require the services of an interpreter. Which party? Which language? Complete and file the Interpreter Request (GF-149) form.					
If you require reasonable accommodations due to a disability to participate in t prior to the scheduled court date. Please note that the court does not provide					
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)	PI	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	ns Issued	Date Summons Mailed		

COMPLAINT

Plaintiff's Demand:		
The plaintiff states the following claim against the defe	endant(s):	
1. Plaintiff demands judgment for (Check as appropriate)	` '	
☐ Claim for Money \$		
Tort/Personal Injury \$		
Return of property (replevin) (Describe propert	y in 2 below.) (Not to include Wis. Sta	ts. 425.205 actions to recover collateral.)
☐ Eviction	, , (,
Eviction due to foreclosure		
Return of Earnest Money		
Confirmation, vacation, modification or corre	ection of arbitration award	
Plus interest, costs, attorney fees, if any, and such		s proper
,,,		- р р
2. Brief statement of dates and facts:		
(If this is an eviction action and you are seeking money damage	es you must also state that claim on t	his form)
(If this is all eviction action and you are seeking money damage	cs, you must also state that daily on t	1113 101111.)
☐ See attached for additional information. Pro	vide copy of attachments for c	ourt and defendant(s).
	17	()
I am the: plaintiff. attorney for the plaintiff.		
_, _ , ,		
>		
Plaintiff's Signature	Attorney's Signature	
Name Printed or Typed	Attorney's I	Name Printed or Typed
Address	Atto	orney's Address
Email Address	Attorney's Email Address	Attorney's Telephone Number

Date

Date

Telephone Number

State Bar No.