District Court

Small Claims Notice of Suit - Complaint (Attorney)

	Civil Action File Number:
Plaintiff	**Attorney for the Plaintiff**
	Telephone Number of the Plaintiff
Defendant	**Address of the Plaintiff's Attorney or the Plaintiff**
Email Address of the Plaintiff	**Address of the Defendant**

☐ Murray Judicial Complex 2nd Division District Court 45 Washington Square Newport, Rhode Island 02840-2913 (401) 841-8350	☐ Noel Judicial Complex 3rd Division District Court 222 Quaker Lane Warwick, Rhode Island 02886-0107 (401) 822-6750
☐ McGrath Judicial Complex 4th Division District Court 4800 Tower Hill Road Wakefield, Rhode Island 02879-2239 (401) 782-4131	☐ Garrahy Judicial Complex 6th Division District Court One Dorrance Plaza Providence, Rhode Island 02903-2719 (401) 458-5400

The Plaintiff(s) claims that the Defendant(s) owes $_____ plus the cost of suit for the following reasons:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Proof of Claim and Military Service Affidavit

The Plaintiff(s), being duly sworn, upon information and belief deposes and say:

1. That the Defendant(s) owes $_____ as set forth above.

2. That the Defendant(s) is not an infant or an incompetent, and presently resides at _____;

and **[Please Check the Applicable Box]**

☐ The defendant is in the United States military service or is a member of the national guard on state active duty for a continuous period exceeding ninety (90) days because _____
_____.

☐ The defendant is not in the United States military service or is a member of the national guard on state active duty for a continuous period exceeding ninety (90) days because _____
_____.

☐ I was unable to determine whether the defendant is in military service.

Expert Witness

If you need an expert witness to prove your case, you must bring one with you on the trial date. There may be a cost involved, however, that is between you and your witness. See Instructions on How to File a Small Claims Case in the District Court on the Judiciary's website at *www.courts.ri.gov*.

Waiver of Right of Appeal

The Plaintiff(s) hereby waives the right to appeal pursuant to G.L. 1956 § 10-16-4(b).

_____
Signature of the Plaintiff

State of _____
County of _____

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ ☐ personally known to the notary or ☐ proved to the notary through satisfactory evidence of identification, which was _____, to be the person who signed the preceding or attached document in my presence, and who swore or affirmed to the notary that the contents of the document are truthful to the best of the person's knowledge.

Notary Public: _____
My commission expires: _____
Notary identification number: _____

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Continuation page if needed.