



# STATE OF RHODE ISLAND JUDICIARY

## SUPERIOR COURT

### AFFIDAVIT AND REQUEST FOR ENTRY OF DEFAULT

<b>Plaintiff</b>	<b>Civil Action File Number</b>
<b>Defendant</b>	

<input type="checkbox"/> Murray Judicial Complex Newport County 45 Washington Square Newport, Rhode Island 02840-2913 (401) 841-8330	<input type="checkbox"/> Noel Judicial Complex Kent County 222 Quaker Lane Warwick, Rhode Island 02886-0107 (401) 822-6900
<input type="checkbox"/> McGrath Judicial Complex Washington County 4800 Tower Hill Road Wakefield, Rhode Island 02879-2239 (401) 782-4121	<input type="checkbox"/> Licht Judicial Complex Providence/Bristol County 250 Benefit Street Providence, Rhode Island 02903-2719 (401) 222-3230

I, \_\_\_\_\_, of \_\_\_\_\_  
\_\_\_\_\_, upon oath and say as follows:

1. That the Defendant has failed to plead or otherwise defend as provided by the rules of this court.

2. That the Defendant was not at the commencement of the above-entitled action, nor is now, in the "Military Service" of the United States as defined in the Servicemember's Civil Relief Act, 50 App. U.S.C. § 521, nor is the Defendant an American citizen serving with the forces of a United States ally or a reservist/draftee called to active duty.

3. That the Defendant is not an infant or incompetent.

4. That the Defendant presently resides at \_\_\_\_\_  
\_\_\_\_\_.



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**(Complete sections five and six only if this cause seeks to recover a sum certain. Otherwise, you must assign the case for hearing on the Special Cause Calendar with notice to the Defendant to obtain a judgment of money damages)**

5. That this cause was commenced to recover a sum certain of \$\_\_\_\_\_ plus interest from \_\_\_\_\_ to \_\_\_\_\_ in the amount of \$\_\_\_\_\_, totaling \$\_\_\_\_\_.

6. That the Defendant has no setoffs or counterclaims against this account and, in my opinion, there is no defense to this claim or cause of action.

/s/ _____ Attorney for the Plaintiff or the Plaintiff	Rhode Island Bar Number:  Date:
Telephone Number: _____	

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 his or her knowledge.

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_

Notary identification number: \_\_\_\_\_

<b>Date of Entry of Default</b>	<b>Clerk</b> /s/ _____
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**CERTIFICATE OF SERVICE**

I hereby certify that, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_:

☐ I filed and served this document through the electronic filing system on the following:

\_\_\_\_\_.  
The document electronically filed and served is available for viewing and/or downloading from the Rhode Island Judiciary's Electronic Filing System.

☐ I served this document through the electronic filing system on the following:

\_\_\_\_\_.  
The document electronically served is available for viewing and/or downloading from the Rhode Island Judiciary's Electronic Filing System.

☐ I mailed or ☐ hand-delivered this document to the attorney for the opposing party and/or the opposing party if self-represented, whose name is \_\_\_\_\_ at the following address \_\_\_\_\_.

/s/ \_\_\_\_\_  
Name