



STATE OF RHODE ISLAND JUDICIARY

DISTRICT COURT

SMALL CLAIMS NOTICE OF SUIT - COMPLAINT

	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

<input type="checkbox"/> Murray Judicial Complex 2nd Division District Court 45 Washington Square Newport, Rhode Island 02840-2913 (401) 841-8350	<input type="checkbox"/> Noel Judicial Complex 3rd Division District Court 222 Quaker Lane Warwick, Rhode Island 02886-0107 (401) 822-6750
<input type="checkbox"/> McGrath Judicial Complex 4th Division District Court 4800 Tower Hill Road Wakefield, Rhode Island 02879-2239 (401) 782-4131	<input type="checkbox"/> 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:



STATE OF RHODE ISLAND JUDICIARY

DISTRICT COURT

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]**

That the Defendant(s) 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(s) an American citizen serving with the forces of a United States ally or a reservist/draftee called to active duty; **or**

That despite exercising due diligence, the Plaintiff(s) lacks sufficient information and has been unable to determine whether the Defendant(s) is in the “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 to File a Small Claims Case on the Judiciary’s website at www.courts.ri.gov under the small claims webpage of the District Court.

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 his or her knowledge.

Notary Public: _____

My commission expires: _____

Notary identification number: _____

