Small Claims Intake Questionnaire

This form is designed to gather the necessary facts and documentation to prepare and file a civil action in Small Claims Court. Please complete all sections thoroughly.

SECTION 1: Claimant/Plaintiff Information (The Party Filing Suit)

Question	Answer/Details
Full Legal Name	_____ _____
Business Name (if applicable)	_____ _____
Type of Entity	( ) Individual ( ) Corporation ( ) Partnership ( ) LLC ( ) Other: _____
Street Address	_____ _____
City, State, Zip	_____ _____
Phone Number	_____ _____
Email Address	_____ _____

SECTION 2: Defendant Information (The Party Being Sued)

It is crucial to have the full, correct legal name and address for proper service.

Question	Answer/Details
Full Legal Name of Defendant	_____ _____

Business Name (if applicable)	_____ _____
Type of Entity	( ) Individual ( ) Corporation ( ) Partnership ( ) LLC ( ) Other: _____
Defendant's Physical Address (Where they can be served)	_____ _____
City, State, Zip	_____ _____
Defendant's Phone Number (if known)	_____ _____
Relationship to Claimant	( ) Former Client ( ) Former Employee ( ) Business Partner ( ) Neighbor ( ) Other: _____ _____

SECTION 3: Details of the Dispute (The Cause of Action)

1. Nature of the Claim (Check all that apply):

- ( ) Breach of Contract (Failure to pay a debt, incomplete work, etc.)
- ( ) Property Damage (Car accident, damage to personal property)
- ( ) Security Deposit Dispute (Landlord/Tenant issue)
- ( ) Money Owed on a Loan/Debt
- ( ) Failed Service/Product (Warranty issue, poor workmanship)
- ( ) Other: _____

2. Date(s) the dispute or injury occurred:

- From: _____ To: _____

3. Location where the events took place (Street, City, State):
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