

STATEMENT OF CLAIM

State of Louisiana - Second Ward Justice Court - St. Tammany Parish
Address of Court: 10595 Highway 40 Folsom, La., 70435 Telephone (985)705-2639

CASE NO. 3A- _____

Plaintiff: _____ Phone _____

Address _____ Fax _____

VS

Defendant(s) _____ Phone _____

Address: _____ Fax _____

Address of Employer: _____ Social Security # _____

Agent for Service: (if defendant is a corporation) _____

Suit Amount \$ _____ Plus Identified by (X) _____ Court Cost _____ Interest _____ Attorney Fees _____

Please attach two (2) copies of any documents to support your claim.

Give an Explanation of your claim below (if more room is needed attach separate sheet)

Plaintiff affirms the facts and documents as submitted in this claim are true and accurate.

DATE FILED: _____ **SIGNATURE** _____

Plaintiff or Representative Thereof

Name and Address of Attorney if appropriate: _____

NOTICE TO ALL PARTIES: During the duration of this lawsuit, the Court will contact you at the above address and phone number you have provided. If either address or phone number should change you must notify the Court immediately. Unless this pleading is accompanied by your written objection, your case may be decided by an Ad Hoc Judge appointed by the Judge. If so appointed his/her decision will be final and binding.