

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE 17TH JUDICIAL CIRCUIT
COUNTY OF WINNEBAGO

CC-10 V3

FILE STAMP

Plaintiff

vs.

Case No. _____

Defendant

SMALL CLAIM COMPLAINT

I, the undersigned, claim that the defendant is indebted to the plaintiff in the sum of \$ _____
for _____

_____ and that the plaintiff has demanded payment of said sum; that the defendant refused to pay the same and no part thereof has been paid; that the defendant resides at _____

_____ Phone No. _____; that the plaintiff resides at _____

_____ Phone No. _____; in the State of Illinois.

_____, 20 _____

(Signature of Plaintiff)

Name _____

Attorney for _____

Address _____

City / State / Zip _____

Telephone _____

AFFIDAVIT

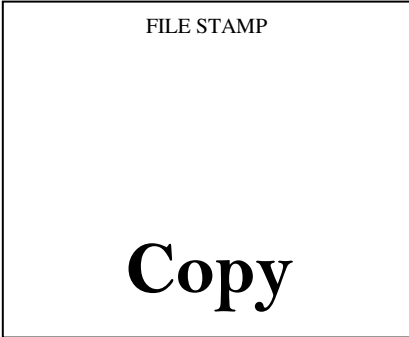
_____, on oath and under penalty of perjury pursuant to Section 1-109 of the Illinois Code of Civil procedure, states that the allegations in this complaint are true.

Date

Plaintiff

If you have a disability that requires an accommodation to participate in court, please contact the Court Disability Coordinator at 815-319-4806.

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Phone No. _____; that the plaintiff resides at _____

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_____, 20 _____

(Signature of Plaintiff)

Name _____
Attorney for _____
Address _____
City / State / Zip _____
Telephone _____

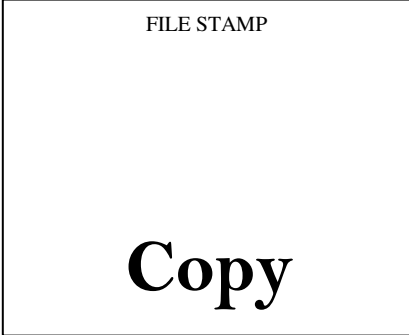
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Name _____
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Address _____
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