STATE OF WISCONSIN / ESTADO DE WISCONSIN | CIRCUIT COURT / CORTE DE CIRCUITO | SMALL CLAIMS / REGLAMOS PEQUENOS | MILWAUKEE COUNTY / CONDADOS DE MILWAUKEE

For Official Use

PLAINTIFF (NAME AND ADDRESS) Print / Demandante Nombre y Direccion Letra de molde

Please Press Hard

Your Name
Your Address
City, State Zip Code

-vs-

DEFENDANT (NAME AND ADDRESS) / Demandado Nombre Direccion

Name of Person or Company you are Suing
their Address
City State Zip Code

☐ Claim Under Dollar Limit 31001 / Reclamo menos del limite

Case No. _____ / Numero de Caso

☐ Replevin 31003

If you need help in this matter because of a disability, please call: (414) 985-5757

☐ Re: Arbitration Award 31006 / Juicio de Arbitracion

☐ Return of Earnest Money 31008 / El regresode Dinero Seno

SUMMONS *CITA*

You are being sued as described below.
Usted ha sido demandado.

If you wish to dispute this matter, you must appear at the date and time stated.
If you do not appear, an judgment may be granted to the plaintiff in the amount demanded.

You are encouraged to bring with you all papers and documents relating to this matter, but there is no need to bring witnesses at this time.
Defendants who are not residents of Milwaukee County may join issue without appearing on the return date by serving a copy of their written answer to the complaint upon the plaintiff or the plaintiff's attorney, if any, and filing the original answer with the Clerk of Circuit Court, Room 400, 901 North 9th Street, Milwaukee, Wisconsin, 53223.

Si desea usted este asunto aparezca en la fecha y hora notado en este hoja.
Si usted no se presenta Un juicio podria ser otorgado al demandante en lo cantidad demandado.
Se le aconseja que traiga todos todos las papeles y documentos relacionados con este asunto, pero no es necesario traer testigos esta vez.
Acusados quienes no son residentes del Condado de Milwaukee pueden responder sin hacer la aparencia personal en la primera vista si se sirven al abogado del demandante o al demandante (si el no tiene abogado), y tambien con la corte, una respuesta escrita antes de la fecha de la primera vista en: Sala 400, 901 Norte Calle 9, Milwaukee, Wisconsin, 53233.

When to Appear / *Visa en la corte*

Date: *Fecha*	Time: *Hora* 9:00 A.M.

Place to Appear / *Direccion*

Milwaukee County Courthouse
901 North Ninth Street, Room 400
Milwaukee, WI 53233

COMPLAINT *DEMANDA*

Plaintiff's demand: Demandante demanda:
The plaintiff states the following claim against the defendant:
Demandante a lega el siguente reclamo contra el demandado:

1. **Plaintiff demands judgment for: (Check as appropriate)**
Demandante demanda juicio por (Marca como apropiado.)

☐ **Money $** Amount Suing for ☐ **Return of property (Describe in 2. below)(Not to include §425.205 stats. actions.)**
Dinero Regreso de propiedad (Describa en 2. abago.)

☐ **Confirmation, vacation, modification or correction of arbitration award.**
Confirmacion, correccion, o cambio de un juicio de arbitracion.

☐ **Return of Earnest Money.**
El regreso de Dinero Serio.

Plus interest, costs, attorney fees, if any, and such other relief as the court deems proper.
La cantidad mas intereses, costos de corte, costos de abogado, u otro, remedio que la corte juzge propio.

John Barrett

JOHN BARRETT
Clerk of Circuit Court/Director of Court Services
Clerico de Cortes Circuito/Director De Servicios de la Corte

2. Brief statement of dates and facts:

Give a brief Statement explaining Why you are Suing.

☐ Mark box if additional information is attached. Provide copy of attachments for court and defendant(s).

Plaintiff's Attorney or Plaintiff (Signature) *Firma del Abogado firma del Demandante*	Date *Fecha*	Law Firm and Address *Direccion*
Your Signature	Today's Date	
Telephone Number *Telefono* Your Phone No.	Attorney's State Bar Number	

Subscribed and sworn to before me on Form must be Notarized

Notary Public, State of Wisconsin

My commission expires _____

Verification: Under oath, I state that the above complaint is true, except as to those matters stated upon information and belief, and as to those matters, I believe them to be true.

I am: ☑ plaintiff. ☐ attorney for the plaintiff.

Your Signature
Signature of Plaintiff/Attorney

1664 R29 SC 510 - Supplemented