

**ZACHARY CITY COURT
P. O. BOX 310
ZACHARY, LA 70791-0310
TELEPHONE (225) 654-0044
FAX (225) 654-1929**

STATEMENT OF CLAIM AND CITATION

SMALL CLAIM NUMBER _____

PLAINTIFF

VERSUS

DEFENDANT

Full Name of Suing Party

Full Name of Party Being Sued

Address

Address

City, State, Zip

City, State, Zip

Daytime Phone

Parish service address located in

Daytime Phone

PLAINTIFF CLAIMS THE FOLLOWING FROM THE DEFENDANT:

Amount sued for \$ _____ plus legal interest and court costs.

****NOTICE TO ALL PARTIES:** During the pendency 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.

FILED

DATE

CIVIL CLERK OF COURT

SIGNATURE OF PLAINTIFF