Rule 3 FORM No SCC 1

# REPUBLIC OF KENYA

**IN THE SMALL CLAIMS COURT AT ……………………………..**

# CLAIM NO ………………… OF ……………………

A.B… CLAIMANT

VERSUS

C.D RESPONDENT

# STATEMENT OF CLAIM

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| 1. Claimant’s Personal Details : |
| Name: ………………………………………………………… Postal Address: …………………………………………………….  Physical Address: ……………………………………… Telephone Contact: …………………..………………………..  Email Address: ………………………………………….. Nature of Business: ……………………………………………..  Location/Sub- Location/Village ……………………  □ Claiming in Person □ Claiming as a Representative (*Please tick where appropriate)*  If Claiming as a representative, kindly provide the Personal Details of the person you represent  Name: …………………………………………………………………. Postal Address: ………………………………………………….  Physical Address: …………………………………………….. Telephone Contact: ………………………………………..  Email Address: …………………………………………….... Nature of Business: ………………………………,..…….  Location/Sub/Village ………………………………….  Give reasons why you claim as a representative attaching a copy of the written authority (if any) |
| 2. Respondent’s Personal Details: |
| Name: ……………………………………………………………. Postal Address: ………………………………………………….  Physical Address: …………………………………………… Telephone Contact: …………………..……………………..  Email Address: ……………………………………….…….. Nature of Business: …………………………………………. |

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| Location/Sub/Village ………………………………….  Legal Status of the Respondent (*Please tick where appropriate)*  □ Individual □ Sole Proprietorship □ Partnership □ Company □ Cooperative □ State Department  *If you need more space for details of addition parties, you can write the back of this page* |
| 3. Nature of Claim (*Please tick where appropriate)*   * Goods sold and delivered on or about the day of 20 (give date) to the value of   Kshs ……………………………..…………   * Services rendered on or about the day of 20 to the value of Kshs   ……………………………………………………..   * A Contact relating to money had and received on or about the day of in the sum   of Kshs …………………   * Compensation for loss or damage to property which occurred on or about the day of 20 valued at Kshs …………………. * Compensation for personal injury which occurred on or about the day of 20 |
| **4**. Briefly explain the circumstances under which the claim arose, and attach documents (if any) in support of your claim. |
| 5. What is the Remedy/Relief sought; (*Please tick where appropriate)*   * Judgement in the sum of Kshs □ Compensation (to be determined by the Court) * Costs of the Claim (to be assessed by the Court) * Other appropriate relief (briefly explain) |

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| By filing this Claim, I (the Claimant) hereby waive and forfeit the recovery of all sums in excess of Kshs  200,000, excluding costs and interest.  Name of Claimant Signature of Claimant |
| Declaration  I declare that the information given above is true  Name of Claimant Signature of Claimant Dated this day of 20 |
| Acknowledge of Service  I acknowledge service of this Statement of Claim delivered to me, with evidential documents attached,  on……………………………………………………  Name of Respondent Signature of Respondent |
| For Official Use Only  This Claim was filed on the day of 20  Signed ……………………………………….  (Registrar) |

Rules 9 FORM No SCC 2

# REPUBLIC OF KENYA

**IN THE SMALL CLAIMS COURT OF AT ……………………………..**

# CLAIM NO ………………… OF ……………………

A.B… CLAIMANT

VERSUS

C.D RESPONDENT

# RESPONSE TO STATEMENT OF CLAIM

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| 1. Claimant’s Personal Details |
| Name: …………………………………………………………. Postal Address: ………………………………………………….  Physical Address: ………………………………………… Telephone Contact: ………………………………………………..  Email Address: ………………………………………….. Nature of Business: ……………………………………………..  Location/Sub/Village …………………………………. |
| 2. Respondent’s Personal Details |
| Name: ………………………………………………………. Postal Address: ………………………………………………….  Physical Address: ……………………………………… Telephone Contact: ………………..…………………..…………..  Email Address: ………………………………………….. Nature of Business: ………………………………………………..  Location/Sub/Village …………………………………. |
| 3. Response to Statement of Claim  In response to the Statement of Claim dated the day of 20 , the Respondent states as follows: (*Please tick where appropriate)*   * The Respondent does not owe the Claimant any money. * The Respondent owes the Claimant only a portion of the amount claimed in the Statement of Claim   amounting to Kshs (state the amount admitted)   * The Respondent admits the whole of the Claimants claim. |

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| * The Respondent has paid to the Claimant all the sum claimed in the Statement of Claim. * It is the Claimant who owes the Respondent a sum of Kshs ………………….. on account of ……………….   (explain the basis on which the Claimant owes the amount stated)   * If the response is in denial of the whole or part of the claim. Give reasons why the claim is denied   (explain briefly) |
| 4. In addition to the Respondent’s response in paragraph three above, the Respondent state’s that this  claim (*Please tick where appropriate)*   * Is filed in the right Court * Is filed in the wrong Court and should be transferred to the Small Claims Court at …………………… |
| 5. Counterclaim  Without prejudice to the Respondent’s response in paragraphs three and four, the Respondent  Counterclaims against the Claimant the sum of Kshs………………. on account of ……………………….  (state the amount of counterclaim and the grounds on which the counterclaim is based) |
| 6. Set-Off  While admitting the Claimant’s claim in the sum of Kshs , the Respondent states they  are entitled to a Set-Off in the sum of Kshs…………………………on account of ………………………….  (state the amount sought to be set-off and the reasons for the set-off) |
| 7. Claim against Third Party  The Respondent denies the Claimants claim and states that the person named below (“the Third Party”) is liable to the Claimant on the grounds set out in the attached Third Party Notice.  Name of Third Party ………………………………………………. Postal Address ……………………………………………….  Telephone Contact …………………………………………………… Email Address ……………………………………………… |

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| Location/Sub/Village …………………………………. |
| 8. Remedy/ Relief Sought  The Respondent requests the Court to (*Please tick where appropriate)*   * Dismiss the Claimants claim with costs to the Respondents * Enter Judgment in favour of the Claimant against the Respondent in the sum of Kshs …………….. * Enter judgment in favour of the Respondent against the Claimant on the Counterclaim/Set off in the sum of Kshs……………… * Enter judgment in favour of the Claimant against the Third-party in the sum of Kshs …………………. |
| Declaration  I declare that the information given above is true  Name of Respondent Signature of Respondent Dated this day of 20 |
| Acknowledge of Service  I acknowledge service of this Response to Statement of Claim delivered to me, with evidential  documents attached, on……………………………………………………  Name of Claimant Signature of Claimant |
| For Official Use Only  This Response to Statement of Claim was filed on the day of 20  Signed ……………………………………….  (Registrar) |

Rules 13 FORM No SCC 3

# REPUBLIC OF KENYA

**IN THE SMALL CLAIMS COURT AT ……………………………..**

# CLAIM NO ………………… OF ……………………

A.B… CLAIMANT

VERSUS

C.D RESPONDENT

# RESPONSE TO COUNTERCLAIM/SET OFF

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| 1. Claimant’s Personal Details |
| Name: …………………………………………………………. Postal Address: ………………………………………………….  Physical Address: ………………………………………… Telephone Contact: ………………………………………………..  Email Address: …………………………………………..  Location/Sub- Location/Village ……………………………………... Nature of Business:  …………………………………………….. |
| 2. Respondent’s Personal Details |
| Name: ………………………………………………………. Postal Address: ………………………………………………….  Physical Address: ……………………………………… Telephone Contact: ………………..…………………..…………..  Email Address: ………………………………………….. Nature of Business: ……………………………………………….. |
| 3. Response to Counterclaim/Setoff  In response to the Counterclaim dated the day of 20 , the Claimant states as follows: (*Please tick where appropriate)*   * The Claimant does not owe the Respondent any money as claimed in the Counterclaim. * The Claimant owes the Respondent only a portion of the amount Counterclaimed amounting to   Kshs (state the amount admitted)   * The Claimant admits the whole of the Respondent’s Counterclaim and proposes to the pay the amount admitted as follows (state the proposed terms of payment) * The Claimant paid to the Respondent the whole of the amount claimed in the Counterclaim amounting to Kshs …………………………………………… on the day of 20 (attach copies   of documents in evidence of payment) |

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| □ If the Claimant denies the whole or part of the Counterclaim. Give reasons for the denial. (explain briefly) |
| 4. In addition to the Claimant’s response in paragraph three above, the Claimant state’s that the grounds on which the Respondent’s Counterclaim is based fall outside the jurisdiction of this Court (*Please explain briefly)* |
| 6. Remedy/ Relief Sought  The Claimant requests the Court to (*Please tick where appropriate)*   * Dismiss the Respondent’s Counterclaim/Setoff with costs to the Claimant * Enter Judgment in favour of the Claimant against the Respondent in the sum of Kshs …………….. |
| Declaration  I declare that the information given above is true  Name of Claimant Signature of Claimant Dated this day of 20 |
| Acknowledge of Service  I acknowledge service of this Response to Statement of Claim delivered to me, with evidential  documents attached, on……………………………………………………  Name of Respondent Signature of Respondent For Official Use Only  This Response to Statement of Claim was filed on the day of 20  Signed ……………………………………….  (Registrar) |

Rule 16 FORM No SCC 4

# REPUBLIC OF KENYA

**IN THE SMALL CLAIMS COURT OF AT ……………………………..**

# CLAIM NO ………………… OF ……………………….….

A.B… CLAIMANT

VERSUS

C.D… RESPONDENT

E.F THIRD PARTY

# THIRD PARTY NOTICE

(Issued pursuant to the order of the Court given on )

# TO

Name: …………………………………………………………. Postal Address: ………………………………………………………

Physical Address: ………………………………………… Telephone Contact: ………………………………………………..

Email Address: ………………………………………….. Nature of Business: ……………………………………………..

Location/Sub/Village ………………………………….

Take notice that a Claim has been brought by the claimant against the respondent. In it the claimant claims against the Respondent in accordance with the attached Statement of Claim.

The respondent claims against you ……………….…. (here state nature of claim against third party)

…………………………………….) on the grounds that (state the grounds on the Response to Statement of

Claim).

And take notice that if you wish to dispute the Claimant’s claim against the respondent, or the respondent’s claim against you, you must file and serve the Claimant and the Respondent with a response within 14 days after the service of this notice on you, inclusive of the day of service, otherwise you will be taken to admit the claimant’s claim against the respondent and the respondent’s claim against you and you will be bound by any judgment given in the suit.

Your response shall be in Form No SCC 2 with necessary modifications. Name of Respondent Signature of Respondent

Acknowledge of Service

I acknowledge service of this Third Party Notice delivered to me, with evidential documents attached,

on……………………………………………………

Name of Third Party Signature of Third Party Dated this day of 20

For Official Use Only

This Third Party Notice was filed on the day of 20

Signed ……………………………………….

(Registrar)

/Enc/

1. A copy of the statement of claim with evidential documents attached.
2. A copy of the response to the statement of claim with evidential documents attached.
3. A copy of the notice of settlement conference or hearing of the claim, if any has been issued.

Rule 35 FORM No SCC 5

# REPUBLIC OF KENYA

**IN THE SMALL CLAIMS COURT AT ……………………………..**

# CLAIM NO ………………… OF ……………………

A.B… CLAIMANT

VERSUS

C.D… RESPONDENT

# CERTIFICATE OF SERVICE

I …………………………………….. of P. O Box a process server, states as follows:

1. On the ………………………………..day of …………………………., 20 ……. at (indicate the time) I

served ……………… (indicate the name of the party) at (indicate the name of the place) by

tendering a copy of (Indicate document served ) to him/her and requiring a signature on

the original.

(Please tick where appropriate)

He/she □ signed □ refused to sign the document.

He/she was □ personally known to me □ was identified to me by …………….. (indicate the name) and admitted that he/she was the (indicate the name of the party)

1. Not being able to find the……………………….. (indicate the name of the party) on the …………day of ……….

20 at ………………………….( indicate the time) I served the (indicate the document served)

on ……………………………….(indicate the name) an adult member of the family of the ………………………….

(Indicate the name of the party) who is residing with him/her.

1. Not being able to find the (indicate the name of the party) or any person on whom

service could be made, on the …………… day of …………… 20 …….. at (indicate the time), I affixed

a copy of the (indicate the document served) to the outer door of the premises in which

the ………………………… resides/ carries on business at ……………………………………. (indicate name of the premises)

1. Not being able to serve in the manner prescribed above, I sent the ………………………. (indicate the document served) on the ……….. day of …………… 20 ……by registered mail to the last known postal of the

………………………. (indicate name of addressee) and obtained the attached certificate of postage.

1. I declare that the information given above is true

Name Signature

Dated this day of 20