

<b>STATE OF MICHIGAN JUDICIAL DISTRICT</b>	<b>AFFIDAVIT AND CLAIM Small Claims</b>	<b>CASE NO. and JUDGE</b>
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**Court address** \_\_\_\_\_ **Court telephone no.** \_\_\_\_\_

See additional notice and instructions on page 2.

1. Plaintiff \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, state, zip \_\_\_\_\_ Telephone no. \_\_\_\_\_
2. Defendant \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, state, zip \_\_\_\_\_ Telephone no. \_\_\_\_\_

<b>NOTICE OF HEARING For Court Use Only</b>	
<p>The plaintiff and the defendant must be in court on</p> <p>Day _____ Date _____</p> <p>at _____ at <input type="checkbox"/> the court address above.</p> <p style="margin-left: 20px;">Time _____</p> <p><input type="checkbox"/> _____ .</p> <p style="margin-left: 20px;">Location _____</p> <p>Process server's name _____ Fee paid: \$ _____</p>	

- ☐ 3. A civil action between these parties or other parties arising out of the transaction or occurrence alleged in this complaint has been previously filed in ☐ this court ☐ \_\_\_\_\_ Court.
- It was given case number \_\_\_\_\_ and assigned to Judge \_\_\_\_\_.
- The action ☐ remains ☐ is no longer pending.
4. I have knowledge or belief about all the facts stated in this affidavit and I am  
☐ the plaintiff or his/her guardian, conservator, or next friend. ☐ a partner. ☐ a full-time employee of the plaintiff.
5. The plaintiff is ☐ an individual. ☐ a partnership. ☐ a corporation. ☐ a sole proprietor. ☐ \_\_\_\_\_.
6. The defendant is ☐ an individual. ☐ a partnership. ☐ a corporation. ☐ a sole proprietor. ☐ \_\_\_\_\_.
7. The date(s) the claim arose is/are \_\_\_\_\_.
- Attach separate sheets if necessary
8. Amount of money claimed is \$ \_\_\_\_\_ . (Note: Plaintiff's costs are determined by the court and awarded as appropriate. They are not part of the amount claimed.)
9. The reasons for the claim are: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
10. The plaintiff understands and accepts that the claim is limited to \$6,500 by law and that the plaintiff gives up the rights to (a) recover more than this limit, (b) an attorney, (c) a jury trial, and (d) appeal the judge's decision.

11. I believe the defendant ☐ is ☐ is not mentally competent. I believe the defendant ☐ is ☐ is not 18 years or older.
12. ☐ I do not know whether the defendant is in the military service. ☐ The defendant is not in the military service.  
☐ The defendant is in the military service.

\_\_\_\_\_  
Signature

Subscribed and sworn to before me on \_\_\_\_\_  
Date

\_\_\_\_\_  
Deputy clerk/Notary public signature

My commission expires on \_\_\_\_\_.

\_\_\_\_\_  
Name (type or print)

Notary public, State of Michigan, County of \_\_\_\_\_. ☐ Acting in the County of \_\_\_\_\_.  
☐ This notarial act was performed using an electronic notarization system or a remote electronic notarization platform.

### ADDITIONAL NOTICE AND INSTRUCTIONS

#### TO BOTH THE PLAINTIFF AND THE DEFENDANT:

- You must bring to the hearing all witnesses, books, papers, and other physical evidence needed to prove or disprove this claim.
- Before the trial (hearing) starts, you have the right to
  - remove the case to the general civil division of the district court,** or
  - have the case heard by a district court judge (if the hearing is scheduled before an attorney magistrate). If the case is heard by an attorney magistrate, you may appeal to the district judge within 7 days after the trial.
- If the case is tried in the small claims division, you give up the right to an attorney, to a jury trial, and to appeal the judge's decision.

If you require accommodations to use the court because of a disability or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

#### TO THE DEFENDANT:

- The affidavit and claim you have just received means you are being sued in the small claims division of the district court.
- The court is being asked to decide a matter that the plaintiff says is your obligation and responsibility.
- If you wish to deny this claim or arrange terms of payment, you must make your request by appearing at the date, time, and place stated in the notice of hearing on the front of this form.
- If you do not appear at the date, time, and place stated, a default judgment may be entered against you for the amount stated in item 8, including the costs of this action.
- If the dispute is settled before or at the hearing, you may have to pay the plaintiff's costs.
- In case a judgment is entered against you at the hearing, you should be prepared to pay the amount stated in item 8, including the costs of this action, or to make arrangements for installment payments.

**PROOF OF SERVICE**

TO PROCESS SERVER: You are to serve this affidavit and claim no later than 7 days before the hearing date. You must make and file your return with the court clerk. If you are unable to complete service, you must return this original and all copies to the court clerk.

**CERTIFICATE / AFFIDAVIT OF SERVICE / NONSERVICE**

☐ I served ☐ personally ☐ by registered or certified mail (copy of return receipt attached) a copy of the affidavit and claim on:

☐ I have attempted to serve the affidavit and claim and have been unable to complete service on:

Defendant's name	Date and time of service
Place or address of service	
Attachments (if any)	

I declare under the penalties of perjury that this return of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Service fee \$	Miles traveled	Fee \$	
Incorrect address fee \$	Miles traveled	Fee \$	<b>TOTAL FEE</b> \$

Signature \_\_\_\_\_

Name (type or print) \_\_\_\_\_

Title (if applicable) \_\_\_\_\_

**Note:** If documents are served by someone other than a sheriff, deputy sheriff, or other person listed in MCL 600.1910(b), this return must be notarized.

Subscribed and sworn to before me on \_\_\_\_\_  
Date

Deputy clerk/Notary public signature \_\_\_\_\_

My commission expires on \_\_\_\_\_  
Name (type or print) \_\_\_\_\_

Notary public, State of Michigan, County of \_\_\_\_\_. ☐ Acting in the County of \_\_\_\_\_.

☐ This notarial act was performed using an electronic notarization system or a remote electronic notarization platform.

**ACKNOWLEDGMENT OF SERVICE**

I acknowledge that I have received service of the affidavit and claim, together with

Attachments \_\_\_\_\_ on \_\_\_\_\_  
Date and time

Signature \_\_\_\_\_ on behalf of \_\_\_\_\_