SMALL CLAIMS APPLICATION FOR SPARKS TOWNSHIP

(NOTE: THE PARTY YOU ARE SUING MUST RESIDE IN, BE EMPLOYED IN OR DO
BUSINESS IN THE SPARKS TOWNSHIP

	CASE/DEPT NO CT. DATE	
	CT. TIME	
PLAINTIFF		
ADDRESS		(INCLUDE CITY, STATE & ZIP)
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		
PHONE #		
DEFENDANT(S)		
ADDRESS (PHYSICAL)		(INCLUDING CITY, STATE & ZIP)
RESIDENT AGENT NAME/ADDRESS		
PHONE #		
DEFENDANT'S EMPLOYMENT		
AMOUNT OF SUIT \$		
BRIEFLY STATE THE REASON		
TO THE BEST OF YOUR KNOWLEDGE, IS TH	IE DEFENDANT DISPUTII	NG YOUR CLAIM?
HAVE YOU AND THIS PERSON EVER SUED I	EACH OTHER BEFORE?	
NOYESWHEN?	WHERE?	
BELOW STATE ALL DETAILS INVOLVING YOUR C	CASE, INCLUDING DATES, N	NAMES AND LOCATIONS