



IN THE \_\_\_\_\_ JUDICIAL CIRCUIT, \_\_\_\_\_ COUNTY, MISSOURI

Judge or Division:	Case Number:	
Plaintiff(s):		(Date File Stamp)
1.	Plaintiff's Address (No. 1):	Defendant's Address (No. 1):
2.	City, State, Zip:	City State, Zip:
vs.		
Defendant(s):	Telephone Number:	Telephone Number:
1.		
2.	Plaintiff's Address (No. 2):	Defendant's Address (No. 2):
	City, State Zip:	City, State, Zip:
	Telephone Number:	Telephone Number:

### Petition Small Claims Court

Plaintiff states he/she has a claim against Defendant in the amount of \$ \_\_\_\_\_. The claim arose on or about \_\_\_\_\_ (date) as a result of the following events:

(continue on additional page, if needed)

Plaintiff states that the information contained in this petition is true and correct to the best of his/her knowledge, that he/she is not an assignee of this claim and that he/she has not filed more than 12 other claims in the Missouri small claims courts during the current calendar year.

Plaintiff understands that, should he/she be successful in this action and obtain judgment, and if Defendant does not appeal within ten days, this judgment becomes final. Plaintiff cannot commence another action involving the same parties and issues. Plaintiff understands that he/she is waiving the right to jury trial on these issues in the small claims court.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Plaintiff

**Keep a copy of this petition and bring it to court.**