

County of: _____	Court File Number: _____
Judicial District: _____	Case Type: <u>Conciliation</u>

\_\_\_\_\_

Plaintiff

VS

\_\_\_\_\_

Defendant

Check the box if there are more than two plaintiffs or more than two defendants. List the names and information for the other parties on the Additional Litigants Form (CCT702).

### Plaintiff’s Statement of Claim (CCT102)

#### Information about the Plaintiff

1. How many plaintiffs are there? \_\_\_\_\_

a. Plaintiff #1

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

b. Plaintiff #2

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

If there are more than 2 plaintiffs, use the *Additional Litigants Form* (CCT702).

#### Information about the Defendant

2. How many defendants are there? \_\_\_\_\_

a. Defendant #1

Name: \_\_\_\_\_

Individual (Person)

Business

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

*If Defendant #1 is an individual:*

i. I believe Defendant #1 is at least 18 years old.  
Date of birth: \_\_\_\_\_ /  Unknown

ii. About military service:  
 Defendant #1 is in the military service.  
 Defendant #1 is not in the military service.  
 Unknown

b. Defendant #2

Name: \_\_\_\_\_

Individual (Person)       Business

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

*If Defendant #2 is an individual:*

i. I believe Defendant #2 is at least 18 years old.  
Date of birth: \_\_\_\_\_ /  Unknown

ii. About military service:  
 Defendant #2 is in the military service.  
 Defendant #2 is not in the military service.  
 Unknown

If there are more than 2 defendants, use the *Additional Litigants Form* (CCT702).

### Information about the Claim

3. I am filing this claim against Defendant for: *(check all that apply)*

#### **Money**

The Defendant owes me \$\_\_\_\_\_, plus filing fees and costs in the amount of \$\_\_\_\_\_, so my total claim is for \$\_\_\_\_\_ (amount Defendant owes plus filing fees and costs). I have a claim for this amount because in \_\_\_\_\_ (month and year), the following happened (briefly describe): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Property**

The Defendant has the following property that belongs to me (list property):

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My property is valued at \$\_\_\_\_\_. The filing fees and costs for this case are \$\_\_\_\_\_. I want the Court to order this property returned to me or make the Defendant pay me \$\_\_\_\_\_ (property's value plus the filing fees and costs).

4. I understand that if I do not attend court on my hearing date, my case may be dismissed, and I may have to pay money to Defendant on any counterclaim that has been filed.

**IMPORTANT!** Each plaintiff must sign the *Statement of Claim* form and include the date signed, the name of the county and state they were in when they signed and give the following information: title (if any), telephone number, date of birth, phone number, and email address.

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116

Date: _____	Signature (Plaintiff#1): _____
	Name: _____
	Title, if any: _____
County and state where signed: _____	Date of Birth: _____
	Phone: _____
	Email: _____

Date: _____	Signature (Plaintiff#2): _____
	Name: _____
	Title, if any: _____
County and state where signed: _____	Date of Birth: _____
	Phone: _____
	Email: _____

**NOTE:** If there are more than 2 plaintiffs, all of the other plaintiffs must sign the *Statement of Claim* form and include the information listed above.