

State of Minnesota

County _____

Conciliation Court

Judicial District: _____
Court File Number: _____
Case Type: Conciliation

PLAINTIFF'S STATEMENT OF CLAIM

Plaintiff # 1

Name _____
Address _____
City/State/Zip _____

Plaintiff # 2

Name _____
Address _____
City/State/Zip _____

vs

Defendant # 1

Name _____
Address _____
City/State/Zip _____

Defendant # 2

Name _____
Address _____
City/State/Zip _____

Check box if there are more than two plaintiffs or more than two defendants. List the information for the other parties on the *Additional Litigants Form, CCT702*.

Information about the Defendant

1. How many defendants are there? _____

a. Defendant #1

Name: _____

Individual (Person) Business

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

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

2. 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): _____

Property

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

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).

3. I understand that if I do not come to 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 state and county where signed, and provide the following information: title, if any, telephone number, date of birth, and e-mail address.

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

_____ Signature (Plaintiff #1)	_____ Date	_____ Signature (Plaintiff #2)	_____ Date
		OR <input type="checkbox"/> There is only 1 plaintiff	
_____ County and State where signed:		_____ County and State where signed:	
_____ Name:		_____ Name:	
_____ Title, if any:		_____ Title, if any:	
_____ Telephone:		_____ Telephone:	
_____ Date of birth:		_____ Date of birth:	
_____ Email address:		_____ Email address:	

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.