

DISTRICT COURT OF CLEBURNE COUNTY

922 South 9th Street
Heber Springs, AR 72543

Phone (501) 362-6585 · Fax: (501) 362-4661

COMPLAINT FORM

_____ SMALL CLAIMS _____ CIVIL CLAIM CASE NUMBER _____

PLAINTIFF: _____ PHONE: _____

ADDRESS: _____

_____ ZIP: _____

DEFENDANT: _____ PHONE: _____

ADDRESS: _____

_____ ZIP: _____

AMOUNT OF RELIEF CLAIMED: \$ _____ DATE CLAIM AROSE: _____

NATURE OF CLAIM: _____

The above and foregoing statements are true and correct to the best of my knowledge.

Address of Attorney (if any):

Signature of Attorney, if any, or of Plaintiff

Date

Subscribed and sworn to before me this _____ day of _____, _____.

Commission Expires

Notary Public

NOTICE TO DEFENDANT

You are hereby warned to file a written answer with the clerk of the court within 30 days after the date that you receive this complaint and to send a copy to the plaintiff or to his or her attorney. If you do not file an answer within 30 days, or if you fail to file an answer, a default judgment may be entered against you.

District Clerk

PROOF OF SERVICE

**STATE OF ARKANSAS
CLEBURNE COUNTY**

I, _____, hereby certify that I served the within complaint on the
defendant, _____, at _____ o'clock _____ m. on
_____, _____, by _____.
(Method of Service)

(Signature and Office, if any)

Subscribed and sworn to before me this _____ day of _____,
(To be completed if service is by someone other than sheriff or constable.)

Notary Public or Court Clerk

Amount for which plaintiff may take judgment if you fail to appear, exclusive of interest \$ _____
Court Fees \$ _____
Service Fees \$ _____
Total \$ _____

WITNESS my hand and the seal of said Court this _____ day of _____,

District Clerk

AFFIDAVIT OF ACCOUNT

I, _____ state upon oath I am authorized to make this affidavit, I am familiar with the account, and it is true and correct to my best knowledge and belief that no part thereof has been paid except as credited thereon. There is now due and unpaid the balance of \$ _____.

Affiant _____

Sworn to and subscribed before me this _____ day of _____,
20 ____.

Notary Public _____

My commission expires: _____