

AOC-175 Doc. Code: COM
Rev. 3-06
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Commonwealth of Kentucky
Court of Justice www.courts.ky.gov
KRS 24A.260



SMALL CLAIMS COMPLAINT

Case No. _____
Court District Small Claims
County _____

Assigned Court Date: _____

Plaintiff: **Company** **Individual** (for individual, enter first, middle and last names)
Name _____
Address _____

Plaintiff's Attorney (if any): **Firm** **Individual**
Name _____
Address _____

Defendant: **Company** **Individual** (for individual, enter first, middle and last names)
Name _____
Address _____

NOTICE TO EACH DEFENDANT - READ CAREFULLY

You are being sued in Small Claims Court by the Plaintiff shown above. The judge has not made a decision in this case. **You are to appear in court** on the date shown on the attached summons to tell your side of the dispute. **If you fail to appear in court** on the date shown on the attached summons, a court judgment may be taken against you for the money or property demanded in the **Claim** on page 2 of this document. This could lead to garnishment of your paycheck and/or sale of your home or other belongings (unless protected by law) to satisfy the judgment. **If you have questions or need assistance, consult the Small Claims information pamphlet (P-6) or call an attorney.**

**WARNING REGARDING JURY TRIAL
(KRS 24A.320; 29A.270)**

There are no jury trials in Small Claims Court. If the amount in controversy exceeds \$250, you may have a jury trial by going into District Civil Court. However, the simplified and informal procedures used in Small Claims Court do not apply in District Civil Court. **If you request a jury, you will be required to pay an additional fee.**

To the Plaintiff: If you want a jury trial, file your claim in District Civil Court instead of Small Claims Court.

To the Defendant: If you want a jury trial, **you must notify** the court **clerk in writing** at least **seven (7) days** before the court date listed on the attached summons to have the case transferred from Small Claims Court to District Civil Court.

Clerk _____
Address _____

Phone No. _____

Plaintiff's Name _____

CLAIM

1. **Plaintiff claims Defendant:**

NOTE TO PLAINTIFF: Only the Complaint will be served on the Defendant. Attachments **WILL NOT** be served.

2. Plaintiff claims the sum of \$ _____ from the defendant for damages incurred as a result of the above complaint. (The **jurisdictional authority** of Small Claims Court is **\$1,500.00, exclusive of interest and costs**. KRS 24A.230).

3. **Plaintiff also claims the following court costs:** _____.
Court costs will be added to any judgment rendered in favor of plaintiff.

Date: _____, 2____.

Plaintiff's or Attorney's Signature

SMALL CLAIMS AFFIDAVIT

KRS 24A.250(1) reads as follows: **No party shall file more than twenty-five (25) claims in any one (1) calendar year in the Small Claims Division** of any District Court in the Commonwealth. Any business engaged in trade or commerce shall be entitled to the maximum number of claims allowed under this section for each established location in the district that has been engaged in trade or commerce for at least six (6) months. **KRS 24A.250(4) exempts claims brought by city, county or urban-county governments** from the limit on the number of claims that may be filed in a calendar year.

I swear (or affirm) I have not brought more than the maximum number of claims allowed by KRS 24A.250.

Date: _____, 2____.

Affiant's Signature

Subscribed and sworn to before me by _____

this _____ day of _____, 2____. My Commission expires: _____, 2____.

Signature: _____

Title: _____