

**FREMONT MUNICIPAL COURT  
Small Claims Division**

Information Sheet: Please fill out this form completely to insure correct filing of your claim

**Person asking for Judgment:**

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

**Defendant(s)**

Full Name \_\_\_\_\_

Firm, corporation, company

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Brief statement of your claim, (what you want and why you believe you should win)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL AMOUNT OF CLAIM IS (not to exceed \$6000): \$ \_\_\_\_\_

\*\*\*PLEASE DO NOT INCLUDE COURT COSTS IN THE ABOVE AMOUNT\*\*\*

SIGNATURE \_\_\_\_\_

\$50.00 filing fee (\$17.00 for each additional defendant)  
**\*\*Must also present a picture I.D. upon filing the claim\*\***