

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)

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 \$6000.00) \$ _____

Signature: _____

\$40.00 filing fee (\$7.00 for each additional defendant)

****Must also present a picture I.D. upon filing the claim****