

**IN THE JUSTICE COURT OF THE STATE OF OREGON**  
**IN AND FOR THE COUNTY OF GRANT**  
 Small Claims Department

\_\_\_\_\_) )  
 \_\_\_\_\_) )  
 \_\_\_\_\_) )  
 Plaintiff(s) ) )  
 v. ) )  
 \_\_\_\_\_) )  
 \_\_\_\_\_) )  
 \_\_\_\_\_) )  
 Defendant(s) ) )  
 Defendant is a public body ) )  
 \_\_\_\_\_) )

Case No. \_\_\_\_\_

**SMALL CLAIM AND  
 NOTICE OF SMALL CLAIM**

Filing fee at ORS 51.310

Interpreter needed: \_\_\_\_\_

**PLAINTIFF**  Additional on attached page)

**DEFENDANT**  Additional on attached page)

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Street

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

\_\_\_\_\_  
 Phone                                          County

\_\_\_\_\_  
 Name (enter Registered Agent, if necessary, on next page)

\_\_\_\_\_  
 Street (do not use a PO Box)

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

\_\_\_\_\_  
 Phone                                          County

I, Plaintiff, claim that on or about (date) \_\_\_\_\_, the above-named defendants owed me the sum of \$ \_\_\_\_\_ because \_\_\_\_\_

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

\_\_\_\_\_, and this amount is still due.

I have paid (or will pay):  
 Filing Fees of \$ \_\_\_\_\_  
 and Service Cost of \$ \_\_\_\_\_

Claim	\$ _____
+ Fees	\$ _____
+ Service	\$ _____
= TOTAL	\$ _____

STATE OF OREGON )  
 : ss.  
County of Grant )

CASE NO. \_\_\_\_\_

**PERSONAL SERVICE UPON INDIVIDUAL(S)**

I hereby certify, that I served the within NOTICE OF CLAIM within the said County and State on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ AM/PM, on the within named defendant \_\_\_\_\_ by delivering a copy thereof, prepared by the Justice of the Peace, to the defendant, personally and in person.

I hereby certify, that I served the within NOTICE OF CLAIM within the said County and State on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ AM/PM, on the within named defendant \_\_\_\_\_ by delivering a copy thereof, prepared by the Justice of the Peace, to the defendant, personally and in person.

**SUBSTITUTE SERVICE UPON INDIVIDUAL(S)**

I hereby certify, that not having found defendant(s) personally at his/her usual place of abode, I served the within NOTICE OF CLAIM on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ AM/PM, on the within named defendant(s) \_\_\_\_\_ by delivering a copy thereof, Prepared by the Justice of the Peace, to \_\_\_\_\_, a person over 14 years of age, a member of defendant's family, at defendant's usual place of abode in the said County and State.

I hereby certify, that not having found defendant(s) personally at his/her usual place of abode, I served the within NOTICE OF CLAIM on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ AM/PM, on the within named defendant(s) \_\_\_\_\_ by delivering a copy thereof, Prepared by the Justice of the Peace, to \_\_\_\_\_, a person over 14 years of age, a member of defendant's family, at defendant's usual place of abode in the said County and State.

**NOT FOUND RETURN**

I hereby certify, that I received the within NOTICE OF CLAIM within said County and State on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and after due and diligent search and inquiry, I have been unable to find the within named defendant(s) \_\_\_\_\_ within said County and State.<sup>2</sup>

\_\_\_\_\_  
Sheriff / Undersheriff / Deputy / Non-Party Adult (Circle One)

## DECLARATION OF BONA FIDE EFFORT

I, Plaintiff, have made a bona fide effort to collect this claim from the defendant before filing this claim with the court clerk.

**I hereby declare that the above statements are true to the best of my knowledge and belief, and that I understand they are made for use as evidence in court and I am subject to penalty for perjury.**

DEFENDANT'S REGISTERED AGENT:

Date	Name
Plaintiff Signature	Street
Plaintiff Name (print)	City / State / Zip
	Phone <span style="float: right;">County</span>

**PLEASE NOTE THE FOLLOWING:** The Clerk of the Court shall not accept for filing any document except upon the payment of the fees set forth below and such other fees as may be allowed or required by law for the filing of such document. Payment of fees must be by cash, money order, cashier's check, debit/credit card. The Clerk **shall not** accept personal checks for the payment of fees; personal checks are not legal tender.

### **Small Claims Fees in Justice Court**

\$37.00	Filing Fee
\$37.00	Defendant's Answer Fee (No fee unless Defendant files an Answer or Motion)
\$215.00	Defendant's Answer w/Demand for Jury Trial, Claim must be more than \$750.00 (\$90 Civil Answer Fee + \$125 Jury Trial Fee, removes action from Small Claims to Civil Docket)
\$53.00	Plaintiff's Fee after Defendant's Answer w/Demand for Jury Trial (\$90 - 37 = \$53)
\$9.00	Certified Copy of a Judgment
\$3.75	Certified Copy
\$0.25	Copies

### **Sheriff's Service Fees** (May also be served by a **Process Server** or an **Adult that is Not a Party to the Matter**)

Personal Service at same address:	Less than 75 miles round trip	More than 75 miles round trip
1 or 2	\$45.00	\$90.00
3	\$70.00	\$115.00
4	\$95.00	\$140.00
Persons at separate addresses:		
2	\$72.00	\$152.00

**TO:** \_\_\_\_\_

**NOTICE TO DEFENDANT:**

**READ THESE PAPERS CAREFULLY!**

Within **14 DAYS\*** after receiving this notice you **MUST** do **ONE** of the following things in writing:

- Pay the claim plus filing fees and service expenses paid by plaintiff (send payment directly to the plaintiff, not to the court) **OR**
- Demand a hearing and pay the fee required (below) **OR**
- Demand a jury trial and pay the fee required (below). This option is available **only** if amount claimed is more than \$750.

If you fail to do one of the above within 14 DAYS\* after you get this notice, the plaintiff may ask the court to enter a judgment against you. The judgment will be for the amount of the claim, plus filing fees and service costs paid by the plaintiff, plus a prevailing party fee. If you are not able to respond in time because you are in active military service of the United States, talk to a legal advisor about the Servicemembers Civil Relief Act.

**COURT NAME / ADDRESS / PHONE # / E-MAIL**

- > Grant County Justice Court
- > 201 S. Humbolt, Suite 320
- > Canyon City, OR 97820
- > 541-575-1076
- > [gcjusticecourt@grantcounty-or.gov](mailto:gcjusticecourt@grantcounty-or.gov)

**Defendant's Filing Fees** *(must be filled in by the PLAINTIFF if blank):*

- (1) To demand a hearing if the amount claimed is \$2,500 or less \$ \_\_\_\_\_
- (2) To demand a hearing if the amount claimed is more than \$2,500 \$ \_\_\_\_\_
- (3) To demand a jury trial (only if amount claimed is over \$750) \$ \_\_\_\_\_

If you have questions about filing procedures, go to [www.courts.oregon.gov](http://www.courts.oregon.gov) for information and instructions, or you may contact the court clerk. The clerk *cannot* give you legal advice about the claim.

**\*\*\*If you have questions about this notice you should contact the Court immediately.\*\*\***

---

**IN THE JUSTICE COURT OF THE STATE OF OREGON**  
**IN AND FOR THE COUNTY OF GRANT**  
 Small Claims Department

	)	
	)	
Plaintiff(s)	)	Case No. _____
v.	)	<b>DEFENDANT'S RESPONSE / COUNTERCLAIM</b>
	)	Filing fee at ORS 51.310
	)	Interpreter needed: _____
Defendant(s)	)	
<input type="checkbox"/> Defendant is a public body	)	
	)	

Check one of the alternatives listed:

1.        **PAYMENT OF CLAIM.** I hereby admit the claim of plaintiff, and:
  - a. Payment of the amount claimed plus costs and fees is enclosed and made payable to the plaintiff. DO NOT send cash.
  - b. I will return the property demanded to the plaintiff within ten days.
  
2.        **DEMAND FOR HEARING.** I deny the claim of plaintiff and I demand a Hearing in the Small Claims Department. Enclosed is defendant's filing fee of \$37.00. DO NOT send cash.
  
3.        **COUNTERCLAIM.** I deny the claim of plaintiff, demand a Hearing in the Small Claims Department and I counterclaim against the plaintiff for the sum of \$\_\_\_\_\_, because \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 and enclosed is the Answer/Counterclaim fee of \$37.00. DO NOT send cash.
  
4.        **DEMAND FOR JURY TRIAL.** I hereby demand a jury trial. (The amount of the claim must exceed \$750.00 before you can make this election.) Enclosed is the Defendant's Answer fee of \$90.00 + Jury Trial fee of \$125.00 (total fee \$215.00). This election requires the Plaintiff to file a Formal Complaint in Justice Court, pay a Plaintiff's fee of \$53.00 and be assigned a civil case number.

**Complete if different than listed on Claim:**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_  
 Defendant's Signature

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**IN THE JUSTICE COURT OF THE STATE OF OREGON**  
**IN AND FOR THE COUNTY OF GRANT**  
 Small Claims Department

	)	
	)	Case No. _____
Plaintiff(s)	)	
v.	)	
	)	<b>MOTION FOR DEFAULT JUDGMENT</b>
	)	<b>AND DEFENDANT STATUS DECLARATION</b>
	)	
Defendant(s)	)	
<input type="checkbox"/> Defendant is a public body	)	
	)	

**Attach Completed Small Claims Judgment Form.**

I, (name) \_\_\_\_\_, request a default judgment against (name) \_\_\_\_\_ for:

1. A money award	\$	}	Total judgment award: \$ _____
2. Prejudgment interest	\$		
3. Costs and service expenses	\$		
4. Prevailing party fee (ORS 20.190)	\$		

I request the following terms in addition to or instead of a money award:

- Post judgment interest at the statutory rate
- \_\_\_\_\_ % per year by agreement of the parties (*attach copy of agreement*)
- Other (describe property requested): \_\_\_\_\_

I certify that:

1. The above-named defendant was properly served with a copy of the claim and failed to pay or deny the claim within 14 days; *and*
2. The person I request judgment against is not a minor, a protected person, a respondent, or incapacitated, as these terms are defined in ORS 125.005; *and*  
 is in active military service. A signed waiver is attached (*attach signed SCRA waiver*)  
 is not in active military service\*  
 Certificate of Service or printout from Dept. of Defense website attached (*or*) *describe facts that support this statement* \_\_\_\_\_  
 I am unable to determine whether this person is in military service. *Describe reason* \_\_\_\_\_

**I hereby declare that the above statements are true to the best of my knowledge and belief, and that I understand they are made for use as evidence in court and I am subject to penalty for perjury.**

\_\_\_\_\_  
 Signature                      **Date:** \_\_\_\_\_                      **Name:(print)** \_\_\_\_\_

\*Certain members of the military may be protected by the Service members Civil Relief Act (SCRA) (50 U.S.C. App. 501 to 596). The report listing a person's military status can be found at: <https://scradmdc.osd.mil/scra/#/home>. You cannot get a

default judgment against a member of the military who is protected by this law unless other legal steps are followed or the defendant signs a waiver. Talk to a lawyer if you have concerns.

**IN THE JUSTICE COURT OF THE STATE OF OREGON**  
**IN AND FOR THE COUNTY OF GRANT**  
 Small Claims Department

	)	
	)	Case No. _____
Plaintiff(s)	)	
v.	)	<b>SMALL CLAIMS JUDGMENT</b>
	)	<b>___ AND MONEY AWARD</b>
	)	___ General ___ Limited ___ Supplemental
	)	Submitted by: _____
Defendant(s)	)	___ Plaintiff ___ Defendant
<input type="checkbox"/> Defendant is a public body	)	

The court grants judgment for \_\_\_\_\_ (“judgment creditor”) and **against** \_\_\_\_\_ (“judgment debtor”).

\* In addition to or instead of a money award, the following provisions are ordered:

**MONEY AWARD**

**1. Judgment Creditor:** \_\_\_\_\_

*(name & address)*

**a. Judgment Creditor’s lawyer** \_\_\_\_\_

*(name, address, phone number)*

\_\_\_ Additional information attached, titled “Additional Judgment Creditors”

**2. Judgment Debtors:** \_\_\_ Additional information attached titled “**Additional Judgment Debtors**”

Name					
Address					
Year of Birth	SSN-last 4 # or Tax ID#	XXX – XX - ____ ____	93 -- _____	XXX – XX - ____ ____	93 -- _____
Driver License State & #		____ -- _____		____ -- _____	
Lawyer Name					

**3. No person or public body other than Judgment Creditor and Judgment Creditor’s lawyer is entitled to any part of this money award EXCEPT:** \_\_\_\_\_

**4. The total amount awarded by this judgment is \$ \_\_\_\_\_, which includes:**

1. Money Award \$	2. Prejudgment Interest \$	3. Attorney Fees \$
4. Costs and Service Expenses \$		5. Prevailing Party Fee (ORS 20.190(2)(b)) \$

Plus Post judgment interest on the amount in sections 1 and 2 at the rate set by ORS 82.010(2) (or \_\_\_ % by agreement of the parties), and in sections 3, 4 and 5 at the rate set by ORS 82.010(2).

\_\_\_\_\_  
Justice of the Peace

**Date:** \_\_\_\_\_

**Printed Name: Kathy Stinnett**