

**KAPLAN CITY COURT
POST OFFICE BOX 121
KAPLAN, LOUISIANA 70548
(337) 643-6611**

*******READ THE FOLLOWING BEFORE FILING A SMALL CLAIM*******

The maximum amount you can sue for is **\$5,000.00** plus Court Costs and any applicable interest due to you.

- 1) **YOU** will need the full name of the person or persons who will be served and their address. If you are suing a business, there may be an agent for service process; **YOU** will need to have that information in order to properly serve the suit.
- 2) **YOU** will be representing **YOURSELF** in a Small Claims suit and **YOU** may have to return to the Clerk's Office for other filings or hearings.
- 3) Once service has been made, the defendant has 10 days to file an Answer. If no answer is made within the 10 days after service, **YOU** will have to call the Clerk's Office to print the Judgment. If an answer is made by the defendant, a copy of the answer will be mailed to you. Once you receive the defendant's answer, and if you want to go to trial, **YOU** will have to call the Clerk's Office to set the case for trial.
- 4) Even if you receive a judgment in your favor, it is up to **YOU** to collect the amount owed to you.
- 5) If the person you are suing is not employed, does not own any property, or is on welfare or some assistance program it may be impossible to collect your money.
- 6) There is **NO APPEAL** in Small Claims, a Defendant may request to Transfer this suit to the regular docket of the Kaplan City Court if they choose. Either party may have an attorney to represent them.
- 7) The cost for filing a Small Claims suit is \$65.00 per defendant + additional costs = **\$106.00**

*******YOU SHOULD DECIDE BEFORE FILING YOUR SUIT*******

Whether it is worth filing according to the amount you are trying to recover

I have read and understand the above

SIGNATURE

DATE

PLAINTIFF (your name): _____

Address _____ Phone # _____

VS.

DEFENDANT (person(s) being sued): _____ SS# _____

Address _____ Phone # _____

TOTAL AMOUNT YOU ARE SUING FOR: \$ _____

STATE YOUR CLAIM: _____

PLAINTIFF SIGNATURE