

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
http://www.courts.state.nh.us

Court Name:
Case Name:
Case Number: (if known)

SMALL CLAIM COMPLAINT

Plaintiff name:

Residence address: Mailing address: (if different):
Street: City: State: Zip code: Telephone: (cell) (home) E-mail:

Date of birth: Provide on Confidential Information Sheet Check here if there are multiple Plaintiffs

If filing on behalf of another individual or a business please see below, otherwise continue to Defendant Information.

District Division Rule 1.3D Statement Attached (This is required when filing on behalf of an individual or business in addition to the applicable authorization below.)

Type of Business/ 3rd Party: (If applicable)

- Corporation, Limited Liability Company, Sole Proprietorship, Trust, Partnership, Other

Type of Authorization if filing on behalf of individual or business:

- Power of Attorney, Corporate Resolution, Authorization signed by Member with Management Authority, Authorization signed by General Partner, Authorization signed by Trustee, Other

Defendant name

Residence address: Mailing address: (if different):
Street: City: State: Zip code: Telephone: Check here if there are multiple Defendants

Military Statement Attached (The court cannot issue a default judgment in the event of a default on the part of an individual defendant until the Military Statement has been filed.)

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

Case Number: \_\_\_\_\_

**SMALL CLAIM COMPLAINT**

Type of Business: (If applicable)  Agent for Service: \_\_\_\_\_

Name of agent \_\_\_\_\_

Address \_\_\_\_\_

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

Type of Business/ 3<sup>rd</sup> Party: (If applicable)

<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other

The Plaintiff claims that the Defendant owes the Plaintiff \$ \_\_\_\_\_  
Use this space to clearly state the business or other relationship between the plaintiff and defendant and how, when and where the claim arose:

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

Amount of Claim \$ \_\_\_\_\_ \*

Filing Fee \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

- Check here if this debt is from the extension of consumer credit and attach a Statement of Consumer Debt.
- Check here if this is a debt that was purchased from or assigned by a third party.

\_\_\_\_\_  
Name of third party

**\*The maximum amount of a Small Claim action is \$10,000.00**  
**\*Claims in excess of \$5,000.00 are subject to mandatory mediation**  
**\*Claims over \$1,500 entitle the defendant to request a jury trial**

\_\_\_\_\_  
Name of Filer

/s/ \_\_\_\_\_  
Signature of Filer Date

\_\_\_\_\_  
Law Firm, if applicable Bar ID # of attorney

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
E-mail

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

Court Use Only:

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

This is the date by which the Defendant must file a response with the court or be defaulted. See separate Instructions to the Defendant.