

**DISTRICT COURT OF BENTON COUNTY, ARKANSAS
BENTONVILLE DIVISION**

COMPLAINT

SMALL CLAIMS **CIVIL DIVISION**

CASE NUMBER : _____

PLAINTIFF: _____

TELEPHONE

ADDRESS: _____

ZIP

DEFENDANT:

TELEPHONE

ADDRESS:

ZIP

NATURE OF CLAIM:

FACTS SHOWING WHY CLAIM IS OWED:

Signature of Plaintiff

NOTICE TO DEFENDANT: You must file a written answer with the clerk of this court within 30 days after you receive this claim, or judgment may be entered against you.

This case is set for disposition on the ____ day of ____, 20__ at _____

Original - Court

2nd Copy - Defendant

3rd Copy - Plaintiff

4th Copy - Sheriff/Process Agent

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