

**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: _____

AMOUNT OF RELIEF CLAIMED: \$ _____ DATE CLAIM AROSE: _____

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

**DISTRICT COURT OF BENTON COUNTY, ARKANSAS
BENTONVILLE DIVISION
2706 S. Walton Blvd.,
Bentonville, AR 72712
Telephone: 479-271-3121**