

**STATE OF ILLINOIS  
IN THE CIRCUIT COURT OF THE 17<sup>TH</sup> JUDICIAL CIRCUIT  
COUNTY OF WINNEBAGO**

CC-10 V3

FILE STAMP
------------

\_\_\_\_\_  
Plaintiff

vs.

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

\_\_\_\_\_  
Defendant

**SMALL CLAIM COMPLAINT**

I, the undersigned, claim that the defendant is indebted to the plaintiff in the sum of \$ \_\_\_\_\_  
for \_\_\_\_\_

\_\_\_\_\_ and that the plaintiff has demanded payment of said sum; that the defendant refused to pay the same and no part thereof has been paid; that the defendant resides at \_\_\_\_\_

\_\_\_\_\_ Phone No. \_\_\_\_\_; that the plaintiff resides at \_\_\_\_\_

\_\_\_\_\_ Phone No. \_\_\_\_\_; in the State of Illinois.

\_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
(Signature of Plaintiff)

Name \_\_\_\_\_  
Attorney for \_\_\_\_\_  
Address \_\_\_\_\_  
City / State / Zip \_\_\_\_\_  
Telephone \_\_\_\_\_

**AFFIDAVIT**

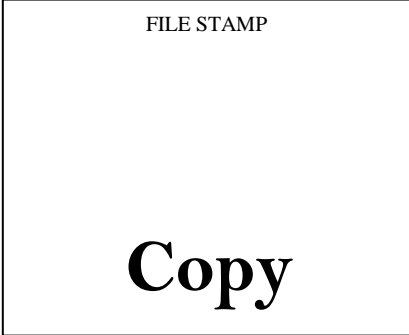
\_\_\_\_\_, on oath and under penalty of perjury pursuant to Section 1-109 of the Illinois Code of Civil procedure, states that the allegations in this complaint are true.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Plaintiff

If you have a disability that requires an accommodation to participate in court, please contact the Court Disability Coordinator at 815-319-4806.

STATE OF ILLINOIS  
IN THE CIRCUIT COURT OF THE 17<sup>TH</sup> JUDICIAL CIRCUIT  
COUNTY OF WINNEBAGO



\_\_\_\_\_  
Plaintiff

vs.

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

\_\_\_\_\_  
Defendant

**SMALL CLAIM COMPLAINT**

I, the undersigned, claim that the defendant is indebted to the plaintiff in the sum of \$ \_\_\_\_\_  
for \_\_\_\_\_

and that the plaintiff has demanded payment of said sum; that the defendant refused to pay the same and no part thereof  
has been paid; that the defendant resides at \_\_\_\_\_

Phone No. \_\_\_\_\_; that the plaintiff resides at \_\_\_\_\_

Phone No. \_\_\_\_\_; in the State of Illinois.

\_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
(Signature of Plaintiff)

Name \_\_\_\_\_  
Attorney for \_\_\_\_\_  
Address \_\_\_\_\_  
City / State / Zip \_\_\_\_\_  
Telephone \_\_\_\_\_

**AFFIDAVIT**

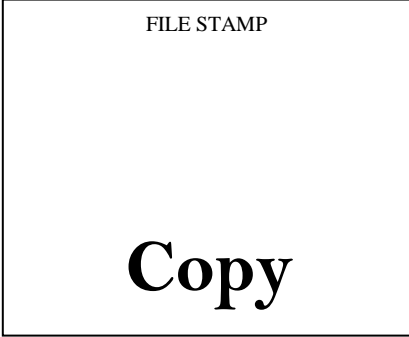
\_\_\_\_\_, on oath and under penalty of perjury pursuant to Section 1-109  
of the Illinois Code of Civil procedure, states that the allegations in this complaint are true.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Plaintiff

If you have a disability that requires an accommodation to participate in court, please contact the Court  
Disability Coordinator at 815-319-4806.

STATE OF ILLINOIS  
IN THE CIRCUIT COURT OF THE 17<sup>TH</sup> JUDICIAL CIRCUIT  
COUNTY OF WINNEBAGO



\_\_\_\_\_  
Plaintiff

vs.

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

\_\_\_\_\_  
Defendant

**SMALL CLAIM COMPLAINT**

I, the undersigned, claim that the defendant is indebted to the plaintiff in the sum of \$ \_\_\_\_\_  
for \_\_\_\_\_

and that the plaintiff has demanded payment of said sum; that the defendant refused to pay the same and no part thereof  
has been paid; that the defendant resides at \_\_\_\_\_

Phone No. \_\_\_\_\_; that the plaintiff resides at \_\_\_\_\_

Phone No. \_\_\_\_\_; in the State of Illinois.

\_\_\_\_\_, 20 \_\_\_\_\_

(Signature of Plaintiff)

Name \_\_\_\_\_  
Attorney for \_\_\_\_\_  
Address \_\_\_\_\_  
City / State / Zip \_\_\_\_\_  
Telephone \_\_\_\_\_

**AFFIDAVIT**

\_\_\_\_\_, on oath and under penalty of perjury pursuant to Section 1-109  
of the Illinois Code of Civil procedure, states that the allegations in this complaint are true.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Plaintiff

If you have a disability that requires an accommodation to participate in court, please contact the Court  
Disability Coordinator at 815-319-4806.