

State of Minnesota

Conciliation Court

County of:	Judicial District: _____
	Court File Number: _____
	Case Type: Conciliation

**PLAINTIFF'S STATEMENT OF CLAIM**

**Plaintiff #1**

Name:
Address:
City/State/Zip

**Plaintiff #2**

Name:
Address:
City/State/Zip:

**Defendant #1**

Name:
Address:
City/State/Zip:

**Defendant #2**

Name:
Address:
City/State/Zip

Check box if there are more than two plaintiffs or more than two defendants. List the information for the other parties on the *Additional Litigants Form, CCT702*.

**Information about the Defendant**

1. How many defendants are there? \_\_\_\_\_

a. Defendant # 1

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

Individual (Person)     Business

*If Defendant # 1 is an individual:*

i. I believe Defendant #1 is at least 18 years old.

Date of birth: \_\_\_\_\_ /  Unknown.

ii. About military service:

Defendant #1 is in the military service

Defendant #1 is not in the military service

Unknown.

b. Defendant # 2

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

Individual (Person)     Business

*If Defendant # 2 is an individual:*

i. I believe Defendant #2 is at least 18 years old.

Date of birth: \_\_\_\_\_ /  Unknown.

ii. About military service:

- Defendant # 2 is in the military service
- Defendant # 2 is not in the military service
- Unknown.

If there are more than 2 defendants, use the *Additional Litigants Form (CCT702)*.

**Information about the Claim**

2. I am filing this claim against Defendant for: *(check all that apply)*

**Money**

The Defendant owes me \$ \_\_\_\_\_, plus filing fees and costs in the amount of \$ \_\_\_\_\_, so my total claim is for \$ \_\_\_\_\_ (amount Defendant owes plus filing fees and costs). I have a claim for this amount because in \_\_\_\_\_ (month and year), the following happened (briefly describe):

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**Property**

The Defendant has the following property that belongs to me (list property):

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My property is valued at \$ \_\_\_\_\_. The filing fees and costs for this case are

\$ \_\_\_\_\_. I want the court to order this property returned to me or make the Defendant pay me \$ \_\_\_\_\_ (property's value plus the filing fees and costs).

3. I understand that if I do not come to court on my hearing date, my case may be dismissed and I may have to pay money to the Defendant on any counterclaim that has been filed.

**Important!** Each plaintiff must sign the *Statement of Claim* form and include the date signed, the name of the state and county where signed, and provide the following information: title, if any, telephone number, date of birth, and e-mail address.

I declare under penalty of perjury that everything that I have stated in this document is true and correct. Minn. Stat. § 358.116.

_____ Signature (Plaintiff #1)	_____ Signature (Plaintiff #2) OR <input type="checkbox"/> There is only 1 plaintiff
DATE: _____	DATE: _____
_____ County and State where signed	_____ County and State where signed
_____ Name	_____ Name
_____ Title, if any	_____ Title, if any
_____ Telephone	_____ Telephone
_____ Date of birth	_____ Date of birth
_____ Email Address	_____ Email Address

NOTE: If there are more than 2 plaintiffs, all of the other plaintiffs must sign the *Statement of Claim* form and include the information listed above.