STATE OF WISCONSIN
ESTADO DE WISCONSIN

CIRCUIT COURT
CORTE DE CIRCUITO

SMALL CLAIMS
RECLAMOS PEOUENOS

MILWAUKEE COUNTY
CONDADO MILWAUKEE

For Official Use

PLAINTIFF (NAME AND ADDRESS)
*Demandante N*ombre y Direccion

☐ See attached for multiple plaintiffs.

vs

DEFENDANT (NAME AND ADDRESS)
Demandado Nombre y Direccion

Case *No.* _____
Numero de Caso

If you need help in this matter because of disability, please call: 414-985-5757

EVICTION SUMMONS CITA DE DESALOJO

You are being sued as described beim.
Usted esta siendo demandeo como se describe abajo.

If you wish to dispute this matter, you must appear at the date and time time stated.
Si usted desea alegar asunto tiene que presentarse en la fecha y tiempe dicho.

If you do not appear an eviction may be ordered and a judgment may be granted to the plaintiff in the amount demanded.
Si usted no se presenta, El desalojo sera ordenado y la decision pueda ser para el demandante an la cantidad expresada.

You we encouraged to bring with you all papers and documents relating to this matter, but there is no need to bring witnesses at this time.
Se la aconseja que traiga con usted todos los papeles y documentos relacionados con este asunto no es necesario de traer testigos esta vez.

When to Appear
Visa e*n la* corte

Date Fech	Time Hora **2:00 o'clock P.M.**

Place to Appear
Direccion
Milwaukee County Courthouse
901 North Ninth Street, Room 400
Milwaukee, WI 53233

COMPLAINT *DEMANDA*

Plaintiff's demand Demandante del demanda:
The plaintiff states the following claim against the defendant
El demandante afirma do signiente reclamacion en contra del demandado:

1. **Plaintiff demands judgment for Eviction and Money damages in the Demandante damando** fallo de desalojo y danos

amount of _____ **plus interest, costs, attorney fees, if any, and such other relief as the court deems proper.**
en dineros en la cantidad _____ mas intereses, costos, costos de abagodo, si algunos, y alia releva que lo corte jusgue propio.

John Barrett
JOHN BARRETT
Clerk of Circuit Court/Director of Court Services
Clerico de Cortes Circuito /Director De Servicios Del Las Cortes

2. **Brief statement of dates and facts:** _____

☐ Mark box if additional information is attached- Provide copy of attachments for court and defendant(s)

Plaintiff's Attorney or Plantiff (Signature) Firma dal Abogrado firma del *Demandante*	Date *Fecha*	Law Firm and Address Direccion
Telephone Number Telefono	Attorney's State Bar Number	

Subscribed and sworn to before me
on _____

_____
Notary Public, State of Wisconsin

My commission expires _____

Verification: Under oath, I state that the above complaint is true, except as to those matters stated upon information and belief, and as to those matters, I believe them to be true
I am ☐ plaintiff. ☐ attorney for the plaintiff.

_____
Signature of Plaintiff/Attorney