

SMALL CLAIMS INTAKE FORM

Action Services

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Please Print Form Legibly

Today's Date:	Filing County:
Contact Phone #	Email:
INDICATE HOW THE PLAINTIFF LINE(S) SHOULD READ:	
Plaintiff 1 (REQUIRED)	Plaintiff 2
Plaintiff 1 Address:	
City / State / Zip:	Phone:
Plaintiff 2 Address:	
City / State / Zip:	Phone:
Defendant(s) Information:	
Defendant 1	Defendant 2
Name:	Name:
SSN / DOB:	SSN / DOB:
Address:	Address:
City / State / Zip:	City / State / Zip:
Employment Information:(If known)	Employment Information:(If known)
Additional Information that may assist in execution of service: <small>(If filling out on computer use 2nd line)</small>	
Claim Information:	
Reason for Debt: _____	
How did you attempt to collect the debt prior to filing a Small Claim? <small>(If filling out on computer use 2nd line)</small>	
Total amount owed to satisfy debt as of request date: \$ _____	
<small>(This amount is if the defendant(s) came in today and paid the entire balance off, including interest)</small>	
Pre judgment interest percentage rate: _____ %	
Post judgment interest percentage rate: _____ %	
Any additional information regarding claim: <small>(If filling out on computer use 2nd line)</small>	

I certify that I have read the Small Claim Intake Form and to the best of my knowledge, information and belief, there are good grounds to support it. All sums included above are lawfully subject to such by this Small Claim. You agree to hold harmless Action Services, its owners, corporate officers, employees, agents and representatives when acting at your request and you further state you have complete authority to make such request. Any account that is past due may be charged a late fee of \$25.00 per file when account is over 60 days at the discretion of Action Services. Action Services will charge a \$40.00 prep fee for any request that is canceled prior to being filed with the courts.

By printing your name below, you authorize us to fulfill your request and agree to the terms herein.

_____ **PRINT** Requestors Name