STATE OF SOUTH DAKOTA)

IN CIRCUIT COURT

COUNTY OF _____)

SECOND JUDICIAL CIRCUIT

****

_____,
Plaintiff(s)

vs.

_____,
Defendant(s)

PLAINTIFF'S STATEMENT OF CLAIM

SMC Case No. _____

****

_____
Plaintiff(s) Name or Business Name

_____ _____ _____ _____
Mailing Address City State Zip Code

_____ _____
Defendant(s) Name or Business Name Phone Number

_____ _____ _____ _____
Mailing Address City State Zip Code

_____ _____
Defendant(s) Name or Business Name Phone Number

_____ _____ _____ _____
Mailing Address City State Zip Code

Exact Dollar Amount: $_____ (exclude filing and service fees)

Date of Occurrence: _____ (month and year)

Describe the basis for your claim:

_____

_____

_____

_____ _____
Plaintiff's Printed Name Signature of Plaintiff

_____ _____ _____ _____
Date Home Phone Number Cell Phone Number Email Address