

STATE OF SOUTH DAKOTA
COUNTY OF _____

IN MAGISTRATE COURT
_____ JUDICIAL CIRCUIT

**PLAINTIFF'S STATEMENT
OF SMALL CLAIMS**

Plaintiff Names or Business Name
vs.

SMC Case #: _____

Defendant Names or Business Name

Describe the basis for your claim: (use additional sheet if necessary)

Principal _____ (exclude interest and filing fees)

Interest _____

Subtotal _____

Filing Fees _____

Plaintiff's Total _____

[Small Claims Fee Calculator -
https://ujs.sd.gov/Small_Claims/FeeCalculator.aspx](https://ujs.sd.gov/Small_Claims/FeeCalculator.aspx)

Sheriff Service only – no certified mail

Sheriff/Personal Service requested if certified mail returned undelivered

*Additional fees charged for service options listed above. It's the plaintiff's responsibility to contact the Sheriff's Office or process server for fee amounts and to file the Return of Service.

/S/
Plaintiff's Signature

Date

CASE FILING STATEMENT – Information Only; Not Retained in Case Records

Provide the Case File No. for the record you are filing into or the Case Type if initiating a new action: _____

*A list of case types and party roles can be found here: <https://ujc.sd.gov/Attorneys/FormsDocumentation.aspx>

Social Security Numbers (not Driver's License Numbers) must be provided for divorce, child support, & paternity cases, 42 USC 666(a)(13)(B). All filers are **required** to provide the SSN **or** DL# for each of **their** participants regardless of the case type. Business entities must provide the EIN number in lieu of SSN or DL#.

INFORMATION FOR PLAINTIFF/PETITIONER/APPLICANT:

_____ Last/Business Name	_____ First Name	_____ Middle	_____ Suffix	
_____ Physical Address <input type="checkbox"/> Check if Same as Mailing	_____ City	_____ State	_____ Zip	
_____ Mailing Address	_____ City	_____ State	_____ Zip	
_____ Home	_____ Work	_____ Cell		
_____ Social Security No.	_____ Date of Birth	_____ Driver's License No.	_____ State	_____ Employer ID (Business)
Attorney:				
_____ Last Name	_____ First Name	_____ State Bar ID No.		
_____ Mailing Address	_____ City	_____ State	_____ Zip	
_____ Phone				

INFORMATION FOR DEFENDANT/RESPONDENT/MINOR/DECEDENT/PERSON IN NEED OF PROTECTION:

_____ Last/Business Name	_____ First Name	_____ Middle	_____ Suffix		
_____ Physical Address <input type="checkbox"/> Check if Same as Mailing	_____ City	_____ State	_____ Zip		
_____ Mailing Address	_____ City	_____ State	_____ Zip		
_____ Home	_____ Work	_____ Cell			
_____ Social Security No.	_____ Date of Birth	_____ Date of Death	_____ Driver's License No.	_____ State	_____ Employer ID (Business)
Attorney:					
_____ Last Name	_____ First Name	_____ State Bar ID No.			
_____ Mailing Address	_____ City	_____ State	_____ Zip		
_____ Phone					

INSTRUCTIONS AND FORM ON AFFIDAVIT OF DEFENDANT'S MILITARY STATUS

This form references specific South Dakota Codified Laws (SDCL) and you can find these laws on the South Dakota Legislature website. If you have any legal questions, it is highly recommended that you consult with an attorney. Court staff are unable to provide you with legal advice or assist you in completing this form. For specific questions related to the forms, you can also contact the Legal Form Helpline at 1-855-784-0004 email UJS staff at ujssrlhelp@ajs.state.sd.us.

Important Notice:

Before a default judgment may be entered by the Court the Plaintiff is required to file an affidavit stating whether the Defendant is in the military service and show necessary facts to support the affidavit.

To Complete this form, you will need to:

- Verify that Paragraphs 1 through 3 are correct.
- In completing paragraph 4, the military status of a Defendant may be determined by conducting an on-line search through the Department of Defense Manpower Data Center (DMDC) search engine at <https://scra.dmdc.osd.mil/scra/#/login>. A Plaintiff using the DMDC must attach a printed copy of the certificate generated by the search.
 - The military status of a Defendant may be determined by contacting each branch of the military. A plaintiff using this method must attach a response from each branch.
 - The military status of a Defendant may also be determined by the Plaintiff, or their agent, personally asking the Defendant or another individual that has sufficient reason to know the defendant's military status.
 - The Plaintiff is not limited to the options discussed above and may have other reasons to know the Defendant's military status. Any additional reasons should be explained for review by the court.
- Date and sign in front of a notary or Clerk of Court.
- File original the Clerk of Court and retain a copy for your records.

<p>_____</p> <p>Plaintiff</p> <p>v.</p> <p>_____</p> <p>Defendant</p>	<p>Case No.: _____</p> <p style="text-align: center;">AFFIDAVIT OF DEFENDANT'S MILITARY STATUS</p>
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I, the undersigned litigant, being first duly sworn on my oath, depose and state:

1. I am over the age of eighteen years and am competent to make this Affidavit.
2. I am the Plaintiff in the above-entitled matter.
3. That I have either made a personal investigation or personally reviewed the business records of the defendant.
4. As a result of my investigation or review: *(check one)*
 - It is my belief that the above-named defendant is not in the military on active duty;
 - It is my belief that the above-named defendant is in the military on active duty;
 - I have been unable to determine whether the defendant is in the military on active duty.

My information and belief are based on the following, and I have attached the necessary documentation: _____

I understand that any false statements in this document are made under perjury, and that making a false statement is a violation of Federal Law and is subject to both fine and imprisonment.

STATE OF SOUTH DAKOTA)
) IN SMALL CLAIMS COURT
) SS _____ JUDICIAL CIRCUIT
)
COUNTY OF _____)
) FILE #: _____

SMALL CLAIMS NOTICE OF DISMISSAL

_____ vs. _____
Plaintiff Defendant

Based upon the fact that

- The Defendant has paid in full
- A compromise has been reached
- No service was attained after 90 days

in the above-entitled matter, it is hereby agreed that this action be dismissed

- with prejudice*
- without prejudice**

Dated this _____ day of _____, _____

Plaintiff or Clerk of Court

Note: Please file this document with the court if the defendant should pay your claim before the hearing date.

-
- * Bars further prosecution
 - ** Permits further prosecution

Dated this _____ day of _____, 20_____.

Plaintiff Signature

Plaintiff Name

Address

City, State, Zip Code

Phone Number

Sworn/affirmed before me this _____ day
of _____, 20_____.

Notary/Deputy Clerk/Clerk of Court

My Commission Expires:_____

STATE OF SOUTH DAKOTA
COUNTY OF _____

IN MAGISTRATE COURT
_____ JUDICIAL CIRCUIT

Creditor,

**SATISFACTION OF
JUDGMENT**

vs

SMC Case #: _____

Debtor,

I, _____, the above named judgment creditor, acknowledge
Satisfaction of Judgment entered against _____, the above
named judgment debtor in Small Claims Court, in and for the county of
_____, in the amount of \$_____.

Creditor

Date

STATE OF SOUTH DAKOTA
COUNTY OF _____

IN MAGISTRATE COURT
_____ JUDICIAL CIRCUIT

On _____, (Date) before me, _____,

Clerk/Deputy Clerk of Courts, in and for the county and state personally appeared,

_____, known to me to be the person who executed the

foregoing instrument and acknowledged to me that he/she executed the same freely.

In witness of, I set my hand and seal:

Clerk/Deputy Clerk of Court Signature

Date