



## DECLARATION OF BONA FIDE EFFORT

I, Plaintiff, have made a good faith effort to collect this claim from the defendants before filing this claim with the court clerk.

Describe your efforts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I hereby declare that the above statements are true to the best of my knowledge and belief. I understand they are made for use in court and I am subject to penalty for perjury.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Plaintiff Signature

\_\_\_\_\_  
Plaintiff Name (print)

### DEFENDANT'S REGISTERED AGENT:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street (do not use a P.O. Box)

\_\_\_\_\_  
City / State / Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
County

**NOTICE TO DEFENDANT:  
READ THESE PAPERS CAREFULLY!**

Within **14 DAYS** after receiving this notice you **MUST** do **ONE** of the following things in writing:

- Pay the claim plus filing fees and service expenses paid by plaintiff. Send payment directly to the plaintiff, not to the court.
- Demand a hearing and pay the required filing fee listed below.
- Demand a jury trial and pay the required filing fee listed below. A jury trial is available only if amount claimed is more than \$750.

If you fail to do one of the above within 14 DAYS after you get this notice, the plaintiff may ask the court to enter a judgment against you. The judgment will be for the amount of the claim, plus filing fees and service costs paid by the plaintiff, plus a prevailing party fee. If you are not able to respond in time because you are in active military service of the United States, talk to a legal advisor about the Servicemembers Civil Relief Act.

**COURT NAME / ADDRESS / PHONE # / FAX / SECURE EMAIL / WEBSITE**

Clackamas County Justice Court

11750 SE 82nd Ave. Suite D

Happy Valley OR 97086

Phone: (503) 794-3800

Fax: (503) 794-3808

Secure E-mail: [jccivildivision@clackamas.us](mailto:jccivildivision@clackamas.us)

Website: [www.clackamas.us/justice](http://www.clackamas.us/justice)

**Defendant's Filing Fees** (must be filled in by the PLAINTIFF):

(1) To demand a hearing if the amount claimed is \$2,500 or less	\$ <u>37.00</u>
(2) To demand a hearing if the amount claimed is more than \$2,500	\$ <u>37.00</u>
(3) To demand a jury trial if amount claimed is over \$750	\$ <u>215.00</u>

You can fill out the ***Defendant's Response*** online at [www.clackamas.us/justice](http://www.clackamas.us/justice). If you have questions about filing procedures you may contact the court clerk. The clerk cannot give you legal advice about the claim.

IN THE JUSTICE COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF CLACKAMAS  
**Small Claims Department**

\_\_\_\_\_  
\_\_\_\_\_  
Plaintiff

v.

\_\_\_\_\_  
\_\_\_\_\_  
Defendant

Case No. \_\_\_\_\_

**DEFENDANT'S RESPONSE**

**EACH Defendant must file a separate response.** Spouses and Registered Domestic Partners may file one joint response.

☐ **PAYMENT OF CLAIM:**

Attached is proof of payment to Plaintiff and proof that the requested property, if any, was returned to Plaintiff.

Total Amount Paid to Plaintiff (including fees and costs paid by plaintiff): \$ \_\_\_\_\_

Describe property and method of return, if any: \_\_\_\_\_

☐ **DENIAL OF CLAIM**

I deny the plaintiffs claim and demand a ☐ hearing **{or}** ☐ jury trial\*

\*The claim must be for more than \$750 without fees and costs to request a jury trial.

☐ **COUNTERCLAIM:**

I make the following counterclaim\* against the plaintiff for \$ \_\_\_\_\_

\*Counterclaims must arise out of the same transaction or event as the plaintiffs claim.

I, Defendant, claim that on or about (date) \_\_\_\_\_, he above-named plaintiff owed me the amount claimed because and this amount is still due. If the amount is the value of property that you believe should be given to you, describe the property: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature of Joint Filer

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Street

\_\_\_\_\_  
City/State/ZIP

\_\_\_\_\_  
Phone