STATE OF WYOMING)	IN THE CIRCUIT COURT
COUNTY OF) ss)	JUDICIAL DISTRICT
Plaintiff:(Person or Entity Asserting a Right to Mo	oney) , Case Number
VS.)
Defendant:)
(Person or Entity Alleged to Owe Mone	y))
SMALL CI	LAIMS AFFIDAVIT
1. I state that the Defendant owes me n	noney in the following amounts:
Principal	\$
Prejudgment Interest	\$
Attorney Fees	\$
Filing Fees	\$10.00
Service Fees	\$
TOTAL	\$
2. The Defendant owes me this money	because:
those papers to the Clerk of Court w Important Note: Some Clerks will	ements that support my claim. I will take <u>copies</u> of then I file this Affidavit. file those copies with your Affidavit. Other Clerks es back with you when you have a hearing (meeting)
4. ☐ I already demanded that the Defer	ndant pay me this money.
5. ☐ The Defendant refused to pay me	
• •	s not a deployed active-duty member of the United
States Armed Forces.	

SC Form 01 Small Claims Affidavit Revision Date: November 2024

/. In	e Defendant's contact inf Phone Number:	formation is:	
	Employer's Address:		
	Mailing Address:		
	·		
8. In	nake this claim in accorda	ance with Wyoming Statutes 1-21-202 and 1-21-203.	
	equest judgment for the a d justly entitled.	amount stated above plus any other relief to which I am legall	у
Dated:		Signature:	
		Printed Name:	
		Phone Number:	
		Mailing Address:	
		Work Address:	
		Email Address:	
SUBSCR	IBED AND SWORN to b	pefore me thisday of, 20	
Witness n	ny hand and official seal.		
		CLERK OF COURT/NOTARIAL OFFICER	-
My comm	nission expires:		
□ A Wyo	oming Judicial Branch Co	ourt Navigator helped with this form.	