

In the Iowa District Court for _____ County

Plaintiff(s)

(Name)

(Address)

(Name)

(Address)

vs.

Defendant(s)

(Name)

(Address)

(Name)

(Address)

**Original Notice and Petition
for a Money Judgment**

Small Claim No. _____

If you need assistance to participate in court due to a disability, call the disability coordinator at _____. Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). **Disability coordinators cannot provide legal advice.**

To Defendant(s):

1. **You are notified** that Plaintiff(s) demand(s) from you the amount of \$ _____ plus court costs based on (state briefly the basis for the demand, not to exceed \$5000):

2. **Judgment may be entered against you unless** you file an Appearance and Answer within **20 days** of the service of the Original Notice upon you. Judgment may include the amount requested plus interest and court costs. You must file an Appearance and Answer with the clerk of the district court in the above county, located at: _____.

3. If your Appearance and Answer is filed within **20 days** and you deny the claim, the clerk will notify you of the time and place for the hearing on this matter.

4. If you file an Appearance and Answer, you must mail a copy of the form to Plaintiff(s) or to the attorney for Plaintiff(s) whose name and address appear below.

5. You must also notify the clerk's office of any address change.

Plaintiff's signature

Printed name

Mailing address

Phone #

Email address

Plaintiff's signature

Printed name

Mailing address

Phone #

Email address