This form is approved by the Illinois Supreme Court and is required to be accepted in all Illinois Circuit Courts.

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY	SMALL CLAIMS COMPLAINT	*For Court Use Only*

Instructions ▼	
Directly above, enter the name of the county where you are filing the case.	_____ **Plaintiff** *(First, middle, last name)*
Enter your name as Plaintiff.	v.
Enter the names of all people or businesses you are suing as Defendants.	**Defendants** *(First, middle, last name or business name)*: _____ _____ _____
The Circuit Clerk will add a Case Number.	_____ **Case Number**

In **1**, enter your name.	**1.** I, _____ , am the Plaintiff. *First, Middle, Last*
In **2**, enter the name and address of each Defendant. If you are suing more than 2 Defendants, use the *Additional Defendants (Small Claims Complaint)* form and attach it.	**2.** Defendant's name and address is: _____ *First, Middle, Last* _____ *Street, Unit #* *City* *State* *ZIP* Defendant #2's name and address is: _____ *First, Middle, Last* _____ *Street, Unit #* *City* *State* *ZIP* ☐ I have listed additional Defendants on the attached *Additional Defendants (Small Claims Complaint)* form.
In **3**, enter the amount of money that is owed to you. It must be $10,000 or less. Do not include court costs. Check **3a**, **3b**, or **3c**. If you have a written agreement, attach that contract or other document as proof of your agreement to this *Small Claims Complaint,* or explain why you cannot.	**3.** Defendants owe me $_____ and *(check 1)*: ☐ a. I have no written agreement with Defendants. ☐ b. I have a written agreement with Defendants and it is attached. ☐ c. I have a written agreement with Defendants but I have not attached it because: _____ _____ .
In **4**, check the box if it applies.	**4.** ☐ I have demanded payment of the amount listed in Section 3 and Defendants have failed to pay in full.

In **5**, enter the reasons why Defendant owes this money to you.

If you need more space, complete the *Additional Reasons (Small Claims Complaint)* form and check the box.

5. Defendants owe me this amount of money because: _____

☐ I have attached an *Additional Reasons (Small Claims Complaint)* form.

Under Illinois Supreme Court Rule 137, your signature means that you have read the document, that to the best of your belief, it is true and correct and that you are not filing it for an improper purpose, such as to cause delay.

If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign and print your name.

Enter your complete address, telephone number and email address, if you have one.

/s/

Your Signature | *Print Your Name*

Street Address | *City, State, ZIP*

Telephone | *Email Address*

GETTING COURT DOCUMENTS BY EMAIL: You should use an email account that you do not share with anyone else and that you check every day. If you do not check your email every day, you may miss important information, notice of court dates, or documents from other parties.

PRINT FORM SAVE FORM RESET FORM