

STATEMENT OF CLAIM

CASE NO.

(PLEASE TYPE OR PRINT)

	4th JUSTICE OF TH	E PEACE COURT	PARISH OF LAFOURCHE
Ward: TENTH WARD District: 4TH	Mailing Address o Court Telepho		9B 16, GALLIANO, LA 70354 35) 291-2175
PLAINTIFF(S):	Business No.:		
Address:	Fax No.:		
VS.			
DEFENDANT:		Business No	.:
Address:			ło.:
Suit Amount:		Dollars \$	
PLUS (Identify by [x]) □ Inte	erest Court Cost	□Legal Attorney H	Fees
SUIT ON (Identified by [x])			
└─NSF Check (Copy attached	d of certified receipt whi	ich has given Defei	ndant(s) 30 days from receipt
thereof to sender full paymer	nt, etc.)		
thereof to sender full paymer	nt, etc.)		
thereof to sender full paymer	nt, etc.) Claim □Other		
thereof to sender full paymer □ Open Account □ □ Money Please attach two copies of an	nt, etc.) Claim □Other y written documents to s	support your claim	
thereof to sender full paymer Open Account Money Please attach two copies of an Give explanation of your clair	nt, etc.) Claim □Other y written documents to s n below (attach any furtl	support your claim her written explana	
thereof to sender full paymer Open Account Money Please attach two copies of an Give explanation of your clair	nt, etc.) Claim □Other y written documents to s n below (attach any furtl	upport your claim her written explana thru	ntion)
thereof to sender full paymer Open Account Money Please attach two copies of an Give explanation of your clain Date Indebtedness Occurred	nt, etc.) Claim □Other y written documents to s n below (attach any furtl Day Month	upport your claim her written explana thru	ntion)
thereof to sender full paymer	nt, etc.) Claim □Other y written documents to s n below (attach any furtl Day Month	upport your claim her written explana thru	ntion)
thereof to sender full paymer Open Account Money Please attach two copies of an Give explanation of your clain Date Indebtedness Occurred	nt, etc.) Claim □Other y written documents to s n below (attach any furtl Day Month	upport your claim her written explana thru	ntion)

On a suit on an Open Account send a copy of the certification of the correctness of the account. To be signed in Notary's presence, with documentation that Defendant(s) was sent copies by certified mail.

Plaintiff(s) affirms that the facts and documents as submitted in this claim are true and accurate. Name and Address of Attorney if appropriate:

DATE FILED: DAY	MONTH	YEAR	
			Signature

Signature of Plaintiff or Representative Thereof

NOTICE TO ALL PARTIES: During the penance of this lawsuit, the Court will contact you at the above address and phone number you have provided. If either address or phone number should change you must notify the Court immediately. Unless this pleading is accompanied by your written objection, your case may be decided by an Ad Hoc Judge appointed by the Judge. If so appointed his decision will be final and binding.