

Madison County Justice Court  
PO Box 277; Virginia City, MT 59755  
Phone 406-843-4237 Fax 406-843-4219

**SMALL CLAIMS DIVISION OF MADISON COUNTY JUSTICE COURT  
STATE OF MONTANA**

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

Mailing Address and Phone #

Plaintiff (s),

vs.

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

Mailing Address and Phone #

Defendant (s).

\*  
\*  
\*  
\*  
\*  
\*  
\*  
\*  
\*  
\*

Case No: \_\_\_\_\_

**COMPLAINT  
and  
SUMMONS TO APPEAR**

\*\*\*\*\*

Defendant(s) is indebted to me in the sum of \$ \_\_\_\_\_ for (Describe Breach of Contract or Damage) \_\_\_\_\_

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

\_\_\_\_\_ and I request reimbursement of filing fee and service fees.

I have sent written demand for payment and Defendant has refused to pay. Defendant(s) lives in Madison County. The performance of the contract or injury/damage occurred in Madison County.

\_\_\_\_\_  
Plaintiff's Signature

\_\_\_\_\_  
Date

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 201 \_\_\_\_\_

\_\_\_\_\_  
Clerk/Judge Madison County Justice Court

**NOTICE AND SUMMONS TO APPEAR TO DEFENDANT**

Defendant, you are Summoned to appear at Madison County Justice Court in Virginia City for Hearing on \_\_\_\_\_ to answer the above Complaint.

Within 10 days of being served a copy of this Complaint and Summons, you may remove this action from Small Claims Court to Justice Court. Failure to remove shall constitute a waiver.

Bring to the hearing all documents and witnesses needed to defend your position. Failure to appear may result in a default judgment for relief demanded in the complaint, plus filing and service costs.

**\*Plaintiff & Defendant – call the Court (406)843-4237 the day before hearing to confirm hearing.**