**Penobscot Indian Nation
Judicial System**

PENOBSCOT NATION
Indian Island, ss

Docket No. _____

_____ Plaintiff

_____

_____

**STATEMENT OF CLAIM
(Small Claims)**

v.

_____ Defendant

M.R.S.C.P. 3(a)

_____

_____

Is the plaintiff required to be licensed as a debt-collector, pursuant to 32 MRS §11031? ☐ Yes ☐ No

Briefly describe your claim, including relevant dates:

_____

_____

_____

The plaintiff requests a judgment against the defendant in the amount of $ _____ plus costs. *If you are asking for an order to repair or return property, or to refund money, or to reform or rescind an agreement, state your request:*

_____

_____

_____

Date: _____   _____
                                                                            Signature

The address of the court is: | 6 Down Street, Indian Island, ME 04468 |

Attorney for the Plaintiff: _____

Address: _____   Plaintiff's Telephone: _____

Telephone: _____   Defendant's Telephone: _____

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IMPORTANT NOTICE TO PARTIES

To the plaintiff and defendant:
        You will be notified of the hearing date and time in this case by the clerk of the court. The notice of hearing will be sent to you by regular mail at the address given above unless you notify the clerk of a different address. If the above address is incorrect or if your address changes, you must promptly notify the clerk in writing. Your failure to notify the clerk of an address change will mean that you may not receive notice of the hearing.

IF THE PLAINTIFF FAILS TO APPEAR AT THE HEARING, THE CASE WILL BE DISMISSED. IF THE DEFENDANT FAILS TO APPEAR, A DEFAULT JUDGMENT MAY BE ENTERED AGAINST THE DEFENDANT FOR THE RELIEF SOUGHT BY THE PLAINTIFF.

SC-001, Rev.10/19

STATE OF MAINE

_____ County

I have this day made service of Statement of Claim upon the defendant

_____

_____

☐ by delivering a copy of the Statement to the defendant in hand at

_____

☐ by leaving a copy of the Statement with _____, a person of
suitable age and discretion at the defendant's dwelling house or usual place of abode located at

_____

Date: _____   _____

                                                          Deputy Sheriff

Service:

Travel $ _____
Postage $ _____

Total $_____