

IN THE SMALL CLAIMS COURT OF GOMBE STATE
IN THE.....MAGISTERIAL DISTRICT
HOLDEN AT.....

COMPLAINT FORM

(TO ACCOMPANY FORM SCC 3)

NB:

- 1. Please fill the Form legibly.
- 2. Please attach copies of the documents (contracts, receipts, expert’s report (if applicable) etc. upon which the claim is based.
- 3. Submit this form at the Registry of the Small Claims Court.

A. PARTICULARS OF CLAIMANT(S)

FULL NAME:.....

OFFICE/WORK ADDRESS:.....

RESIDENTIAL ADDRESS:.....

PHONE NUMBER(S) & E-MAIL ADDRESS.....

Please attach a list of other Claimant (if more than one) with the required particulars.

B. PARTICULARS OF DEFENDANT(S)

FULL NAME:.....

OFFICE/WORK ADDRESS:.....

RESIDENTIAL ADDRESS:.....

PHONE NUMBER(S) & E-MAIL ADDRESS:.....

Please attach a list of other Defendant(s) (if more than one) with the required particulars.

C. PARTICULARS OF CLAIM

TOTAL SUM CLAIMED:.....

INTEREST:.....

COSTS:.....

OTHERS:.....

PLEASE SUMMARIZE YOUR COMPLAINT AND STATE THE STEPS YOU HAVE TAKEN TO RECOVER THE CLAIM.

.....
.....
.....

.....
CLAIMANT’S SIGNATURE/ THUMBPRINT

.....
DATE

Sworn to at the Small Claims Court Registry.....this.....Day of.....20.....

JURAT (Where applicable)

The foregoing having been read and interpreted by me.....to the deponent in.....language, he/she being illiterate/blind appeared to have perfectly to understood same before affixing his or her signature or thumb print impression thereto in my presence.

BEFORE ME:

.....
COMMISSIONER FOR OATHS