

STATEMENT OF CLAIM

INTAKE FORM

(1) PLAINTIFF'S NAME, MAILING ADDRESS & PHONE #

(2) DEFENDANT'S NAME & ADDRESS FOR SERVICE

(3) REASON FOR FILING: (CHECK ONE)

SUIT ON NOTE _____

SUIT ON ACCOUNT _____

OTHER _____ EXPLAIN _____

BRIEF EXPLANATION FOR REASON or attached information

(4) TOTAL DUE: _____

LATE FEES: _____

INTEREST: _____

ATTORNEY FEES: _____

MISC: _____

(5) Name of person who will be signing the AFFIDAVIT

(6) Who will be serving AFFIDAVIT? (CHECK ONE)

_____ Camden County Sherriff's Office

_____ Process Server

Method of payment : CASH ___ CHECK ___ Credit ___