

# SMALL CLAIMS (REQUEST FOR JUDGMENT)

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\_\_\_\_\_  
TODAY'S DATE

\_\_\_\_\_  
CVS  
DOCKET NO.

\_\_\_\_\_  
PLAINTIFF

VS

\_\_\_\_\_  
DEFENDANT

\_\_\_\_\_  
###-##-

\_\_\_\_\_  
last 4#'s  
Or

\_\_\_\_\_  
Tax ID #

I previously received an **ARBITRATION AWARD**. As of this date, I have **NOT** been paid. I would like to request a JUDGMENT at this time. Please include the defendant's social security number (last 4) or Tax I.D. number on the judgment request.

\_\_\_\_\_  
PLAINTIFF'S NAME:

\_\_\_\_\_  
ADDRESS:

\_\_\_\_\_  
CITY, STATE:

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
PHONE NO.

# SMALL CLAIMS (REQUEST TO DISMISS)

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\_\_\_\_\_  
TODAY'S DATE

TO: Lafayette City Court – Small Claims Department  
P.O. Drawer 3344  
Lafayette, Louisiana 70502  
Fax: 337-291-8771

SCHEDULED COURT DATE \_\_\_\_\_

RE: \_\_\_\_\_  
DOCKET NO.

\_\_\_\_\_  
VS \_\_\_\_\_

Please be advised, I no longer wish to proceed with the above-entitled **SMALL CLAIM** filed in your Court. I would like to **DISMISS** this matter ( with / without ) prejudice.  
circle one

\_\_\_\_\_  
Reason for Dismissal

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