

Corte de Demandas Menores en Illinois – Suplemento ©

**Small Claims Court in Illinois -- Supplement©**

Este suplemento incluye tanto las formas guía como los formatos.  
Las formas guía le ayudarán para saber cómo llenar los formatos.  
Para mayor información acerca de qué significan estas formas o para qué se utilizan, consulte el paquete de Auto Ayuda correspondiente.

This supplement includes a forms guide as well as forms. The forms guide is for use only in filling out the forms. For more information about what these forms mean or are used for, consult the appropriate Self Help packet.

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**FORMAS QUE SE INCLUYEN EN ESTE SUPLEMENTO/**

**FORMS THAT ARE INCLUDED IN THIS SUPPLEMENT:**

Aplicación para Demandar como Persona de Escasos Recursos /  
Application to Sue As A Poor Person

Queja de Demandas Menores / Small Claims Complaint

Juicio de Demandas Menores / Small Claims Judgment

Certificado de Envío por Correo de Juicio de Demandas Menores / Certificate of

Mailing of Small Claims Judgment

## FORMAS GUIA / FORMS GUIDE

### TODAS LAS FORMAS / ALL FORMS:

Al inicio de cada forma se encuentra el "título", el cual se completa de la siguiente manera/ At the top of each form is the "caption". It is completed as follows:

STATE OF ILLINOIS  
ESTADO DE ILLINOIS

IN THE CIRCUIT COURT OF THE (número de distrito) JUDICIAL CIRCUIT

(nombre del Condado) CONDADO / COUNTY

(your name/su nombre) )  
 )  
Plaintiff (Demandante), )  
 )  
and (y) ) No. (obtégase del trabajador distrito  
al momento de llegar a archivar) get  
from Clerk at the time you  
file)  
 )  
(your spouse's name/nombre de )  
su cónyuge) )  
 )  
Defendant (Demandado). )

Determine el número del "Distrito" de acuerdo a la tabla de la página siguiente. Si su Condado no aparece en la tabla, llame al Trabajador de Distrito de su Condado en el cual usted realizará su caso y pregunte por el número del Distrito. Determine the number of the "Circuit" according to the chart on the next page. If your county does not appear in the chart, call the Circuit Clerk in the county in which you will be filing your case and ask for the number of the Circuit.

## **Distritos Tribunales en Illinois / Circuit Courts in Illinois**

En Illinois, el Condado Cook es el único que tiene su propio distrito judicial, el resto de los Condados residen dentro de 21 distritos. Cook County is its own judicial circuit. The rest of the counties in Illinois fall into one of 21 circuits.

First Circuit- Los Condados de Alexander, Pulaski, Massac, Pope, Johnson, Union, Jackson, Williamson y Saline.

Second Circuit - Los Condados de Hardin, Gallatin, White, Hamilton, Franklin, Wabash, Edwards, Wayne, Jefferson, Richland, Lawrence y Crawford.

Third Circuit - Los Condados de Madison y Bond.

Fourth Circuit - Los Condados de Clinton, Marion, Clay, Fayette, Effingham, Jasper, Montgomery, Shelby y Christian.

Fifth Circuit - Los Condados de Vermilion, Edgar, Clark, Cumberland y Coles.

Sixth Circuit - Los Condados de Champaign, Douglas, Moultrie, Macon, DeWitt y Piatt.

Seventh Circuit - Los Condados de Sangamon, Macoupin, Morgan, Scott, Greene y Jersey.

Eighth Circuit - Los Condados de Adams, Schuyler, Mason, Cass, Brown, Pike, Calhoun y Menard.

Ninth Circuit - Los Condados de Knox, Warren, Henderson, Hancock, McDonough y Fulton.

Tenth Circuit - Los Condados de Peoria, Marshall, Putnam, Stark y Tazewell.

Eleventh Circuit - Los Condados de McLean, Livingston, Logan, Ford y Woodford.

Twelfth Circuit - El Condado de Will.

Thirteenth Circuit - Los Condados de Bureau, LaSalle y Grundy.

Fourteenth Circuit - Los Condados de Rock Island, Mercer, Whiteside y Henry.

Fifteenth Circuit - Los Condados de JoDaviess, Stephenson, Carroll, Ogle y Lee.

Sixteenth Circuit - Los Condados de Kane, DeKalb y Kendall.

Seventeenth Circuit - Los Condados de Winnebago y Boone.

Eighteenth Circuit - El Condado de DuPage.

Nineteenth Circuit - Los Condados de Lake y McHenry.

Twentieth Circuit - Los Condados de Randolph, Monroe, St. Clair, Washington y Perry.

Twenty-first Circuit - Los Condados de Iroquois y Kankakee.

**FORMA / FORM:**

**Aplicación para Demandar como Persona de Escasos Recursos /  
Application to Sue as a Poor Person**

**Introduction /Introducción**

Su nombre / Your name.

**Párrafo 1:** Dirección, incluyendo calle y ciudad.  
**Paragraph 1:** Your address, include street and city.

**Párrafo 2:** Ocupación, monto y fuente de su salario, por ejemplo, \$339.00  
por mes en AFDC, complementado por Estampillas de Comida.  
**Paragraph 2:** Occupation, the amount and source of your income, for example,  
\$339.00 per month in AFDC, supplemented by Food Stamps.

**Párrafo 3:** Enliste otras fuentes de ingreso no mencionadas en 2.  
**Paragraph 3:** List other sources of income not listed in 2.

**Párrafo 4:** El monto del ingreso que usted tuvo el año pasado.  
**Paragraph 4:** The amount of income you had in the last year.

**Párrafo 5:** Será lo mismo que en 2, salvo que usted crea que su ingreso  
aumentará o disminuirá, de ser así, usted deberá indicar cuánto  
ingreso usted espera tener.  
**Paragraph 5:** Should be the same as 2, unless you expect your income to go up  
or down, in which case you should list what you expect your  
income to be.

**Párrafo 6:** Mencione los nombres de sus hijos y/o de otros que dependen  
financieramente de usted.  
**Paragraph 6:** List the names of your children and/or others you support  
financially.

**Párrafo 7:** Primer espacio: valor total de sus posesiones;  
Segundo espacio; año y marca de su auto, si no tiene auto,  
simplemente escriba "none", que significa "ninguno".  
Tercer espacio: valor de su auto.  
**Paragraph 7:** First blank: total value of your possessions;  
Second blank: year and make of your car; if you do not have a car,  
simply put "none";  
Third blank: value of your car;

Firme en las dos líneas que están en blanco, arriba en donde dice "Applicant" que  
significa "Solicitante" y escriba su nombre debajo de cada firma. Sign your name on  
both blank lines above where it says "Applicant" and print your name below each  
signature.

**FORMA / FORM**

**Queja de Demandas Menores para el Demandante / Small Claims Complaint  
Plaintiff's**

**Nombre:** Su nombre.

**Name:** Your name.

**Domicilio del Demandante:** Su domicilio.

**Plaintiff's address:** Your address.

**Teléfono del Demandante:** Su número telefónico.

**Plaintiff's phone number:** Your phone number.

**Nombre del Demandado:** Nombre de la persona que usted está demandando.

**Defendant's name:** Name of person you are suing

**Domicilio del Demandado:** Domicilio de la persona que usted está demandando.

**Defendant's address:** Address of person you are suing.

**Teléfono del Demandado:** Número telefónico de la persona que usted está demandando.

**Defendant's phone number:** Phone number of person you are suing.

**Primer Espacio:** Cuánto dinero le debe a usted el Demandado.

**First blank:** How much money the Defendant owes you.

**Segundo Espacio:** La razón o razones por la cuál el Demandado el debe a usted dinero.

**Second blank:** The reason(s) why the Defendant owes you money.

Firme su nombre en los dos espacios largos en donde dice "Plaintiff" que significa "Demandante". Note por favor que su segunda firma debe estar notariada por un Notario Público.

Sign your name on both of the long blank lines where it says Plaintiff. Please note that a Notary Public must notarize your second signature.

**DEJE EL RESTO DEL ESPACIO DE LA FORMA PARA SER COMPLETADO  
POR EL TRABAJADOR DE DISTRITO Y POR EL JUEZ.**

**LEAVE THE REST OF THE FORM BLANK FOR THE CLERK AND JUDGE  
TO COMPLETE.**

**FORMA/ FORM**

**Juicio de Demandas Menores / Small Claims Judgment**

SOLAMENTE LLENE EL TÍTULO Y DEJE EL RESTO DEL ESPACIO PARA  
SER COMPLETADO POR EL JUEZ.

FILL OUT ONLY THE CAPTION, LEAVE THE REST OF THE FORM BLANK  
FOR THE JUDGE TO COMPLETE.

**FORMA / FORM**

**Certificado de Envío por Correo de Juicio de Demandas Menores / Certificate of  
Mailing of Small Claims Judgment**

- |                         |   |
|-------------------------|---|
| <b>Primer espacio:</b>  | Su nombre.  |
| <b>First blank:</b>     | Your name.  |
| <b>Segundo espacio:</b> | Nombre de la otra parte.  |
| <b>Second blank:</b>    | Name of the other party.  |
| <b>Tercer espacio:</b>  | Domicilio de la otra parte.   |
| <b>Third blank:</b>     | The address of the other party.   |
| <b>Cuarto espacio:</b>  | Nombre de la ciudad en la cual usted envió por correo la<br>copia del Juicio a la otra parte. |
| <b>Fourth blank:</b>    | Name of the city in which you mailed a copy of the<br>Judgment to the other party.            |
| <b>Quinto espacio:</b>  | Fecha en la que usted envía por correo la copia del Juicio<br>a la otra parte.                |
| <b>Fifth blank:</b>     | Date you mailed a copy of the Judgment to the other party.                                    |

Firme su nombre en los dos espacios largos y escriba su nombre debajo de  
cada firma en los espacios cortos de las líneas.  
Sign your name on both of the long blank lines and print your name below each  
signature on the shorter blank line.

En la esquina, en el lado inferior izquierdo, escriba su nombre antes en donde  
dice "pro se" y anote su dirección y número telefónico en las líneas de abajo.  
In the lower left hand corner, print your name before where it says "pro se" and  
put your address and telephone number on the lines below.

STATE OF ILLINOIS

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT

\_\_\_\_\_ COUNTY

	)	
	)	_____Application granted
	)	_____Application denied
Plaintiff,	)	
	)	
vs.	)	No. _____
	)	
	)	_____, 20__
	)	
Defendant.	)	
	)	JUDGE

**APPLICATION TO SUE AS A POOR PERSON**

I, \_\_\_\_\_, on my own behalf, on oath state:

1. **1.** My current address is \_\_\_\_\_.
2. **2.** My occupation, source of income, amount of public benefits is \_\_\_\_\_.
3. **3.** My other sources of income or support are \_\_\_\_\_.
4. **4.** My income for the preceding year was approximately \_\_\_\_\_.
5. **5.** The sources and amounts of income I expect to receive in the future are:  
\_\_\_\_\_.
6. **6.** Person(s) who are dependent on me for support are:  
\_\_\_\_\_.
7. **7.** I own no real estate. The total value of all my personal property does not exceed \_\_\_\_\_.

\$ \_\_\_\_\_ in value and consists of clothing and furniture, and other household

items, including a 20 \_\_\_\_\_, \_\_\_\_\_ motor vehicle, valued at \$ \_\_\_\_\_.

8. I filed no applications for leave to sue or defend as a poor person during the preceding year, and none were filed on my behalf.

2. 9. I am unable to pay the costs of commencing and prosecuting this action.

3. 10. I have a meritorious claim.

**WHEREFORE**, Applicant prays the Court to permit her/him to commence and prosecute this action as a poor person under 735 ILCS 5/5-105 of the Code of Civil Procedure.

Applicant

Under penalties as provided by law pursuant to Section 5/1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he/she verily believes the same to be true.

Applicant

**STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT \_\_\_\_\_ COUNTY**

\_\_\_\_\_, Plaintiff )  
\_\_\_\_\_, Defendant ) Case No. \_\_\_\_\_

**SMALL CLAIMS COMPLAINT (\$5000 or less)**

Plaintiff's name:

\_\_\_\_\_

\_\_\_\_\_ Plaintiff's address:  
\_\_\_\_\_

\_\_\_\_\_ Plaintiff's phone number:  
\_\_\_\_\_ Defendant's

name: \_\_\_\_\_  
\_\_\_\_\_ Defendant's address:

\_\_\_\_\_ Defendant's phone number:  
\_\_\_\_\_

I, the undersigned, claim that the Defendant owes me the sum of  
\$ \_\_\_\_\_ for the following reason(s):

Plaintiff

**AFFIDAVIT**

The undersigned states under oath that the allegations in this Complaint are true.

Plaintiff Signed and Sworn to before  
me this \_\_\_\_\_ day of  
\_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_  
Notary Public

**Docket Information:**

Complaint filed on \_\_\_\_\_, 20 \_\_\_\_\_. Hearing date:  
\_\_\_\_\_, 20 \_\_\_\_\_. Date reset (if applicable)

\_\_\_\_\_, 20 \_\_\_\_.

**Fees Information:**

Filing fee \$ \_\_\_\_\_ Certified Mail \$ \_\_\_\_\_ Sheriff \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_

**Hearing Information:**

Plaintiff appearing in Court: \_\_\_\_\_ Defendant appearing in court

Judgment for \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ against \_\_\_\_\_.

Complaint dismissed as to:

Date: \_\_\_\_\_ Judge: \_\_\_\_\_

STATE OF ILLINOIS

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT

\_\_\_\_\_ COUNTY

\_\_\_\_\_, )  
Plaintiff, )  
and ) No. \_\_\_\_\_ )  
\_\_\_\_\_, )  
)) Defendant. )

**SMALL CLAIMS JUDGMENT**

The Court, having had a hearing on the Small Claims Complaint filed by Plaintiff, heard the evidence, and being otherwise fully advised in the premises, finds in favor of the Plaintiff in the amount of \$ \_\_\_\_\_ including court costs and fees.

**IT IS HEREBY ORDERED** that Defendant

\_\_\_\_\_ shall pay to \_\_\_\_\_, the sum of \$\_\_\_\_\_ per \_\_\_\_\_, the first payment to be made on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ and payable on the \_\_\_\_\_ day of each \_\_\_\_\_ thereafter until the judgment has been paid in full.

This judgment shall incur an interest rate of 9% per year until paid in full.

DATE: \_\_\_\_\_

ENTER: \_\_\_\_\_  
JUDGE

STATE OF ILLINOIS

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT  
\_\_\_\_\_ COUNTY

\_\_\_\_\_, )  
Plaintiff, )  
vs. ) No. \_\_\_\_ -- \_\_ -- \_\_\_\_ )  
) \_\_\_\_\_, ))

Defendant. )

**CERTIFICATE OF MAILING OF SMALL CLAIMS JUDGMENT**

I, \_\_\_\_\_, hereby certify that I mailed a copy of the  
Small Claims

Court Judgment to \_\_\_\_\_ at \_\_\_\_\_  
by depositing

the same in the United States mail at \_\_\_\_\_, Illinois,  
postage fully

prepaid on \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
—,

Under penalties as provided by law pursuant to Section 5/1-109 of  
the Code of Civil Procedure, the undersigned certifies that the statements set  
forth in this instrument are true and correct, except as to matters therein stated to  
be on information and belief and as to such matters the undersigned certifies as  
aforesaid that she/he verily believes the same to be true.

\_\_\_\_\_,'

\_\_\_\_\_, pro se