Rule 3 FORM No SCC 1

# REPUBLIC OF KENYA

**IN THE SMALL CLAIMS COURT AT ……………………………..**

# CLAIM NO ………………… OF ……………………

*[FULL NAMES OF PERSON SUING]* ……………….… CLAIMANT

VERSUS

*[FULL NAMES OF PERSON BEING SUED]* ……………….… RESPONDENT

# STATEMENT OF CLAIM

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| **1. Claimant’s Personal Details :** |
| Name: ………………………………………………………… Postal Address: …………………………………………………….Physical Address: ……………………………………… Telephone Contact: …………………..………………………..Email Address: ………………………………………….. Nature of Business: ……………………………………………..Location/Sub- Location/Village ……………………□ Claiming in Person □ Claiming as a Representative (*Please tick where appropriate)*If Claiming as a representative, kindly provide the Personal Details of the person you representName: …………………………………………………………………. Postal Address: ………………………………………………….Physical Address: …………………………………………….. Telephone Contact: ………………………………………..Email Address: …………………………………………….... Nature of Business: ………………………………,..…….Location/Sub/Village ………………………………….Give reasons why you claim as a representative attaching a copy of the written authority (if any) |
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| **2. Respondent’s Personal Details:**Name: ……………………………………………………………. Postal Address: ………………………………………………….Physical Address: …………………………………………… Telephone Contact: …………………..……………………..Email Address: ……………………………………….…….. Nature of Business: ………………………………………….Location/Sub/Village ………………………………….Legal Status of the Respondent (*Please tick where appropriate)*□ Individual □ Sole Proprietorship □ Partnership □ Company □ Cooperative □ State Department*If you need more space for details of addition parties, you can write the back of this page* |
| **3. Nature of Claim (*Please tick where appropriate)**** Goods sold and delivered on or about the *[DATE]* day of *[MONTH]* 20 to the value of KShs. ……………………………………………………..
* Services rendered on or about the *[DATE]* day of *[MONTH]* 20 to the value of KShs. ……………………………………………………..
* A Contact relating to money had and received on or about the *[DATE]* day of *[MONTH]* 20 in the sum of KShs …………………
* Compensation for loss or damage to property which occurred on or about the day of 20 valued at KShs ………………….
* Compensation for personal injury which occurred on or about the *[DATE]* day of *[MONTH]* 20
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| **4. Briefly explain the circumstances under which the claim arose, and attach documents (if any) in support of your claim.** |

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| **5. What is the Remedy/Relief sought; (*Please tick where appropriate*)*** Judgement in the sum of KShs
* Compensation (to be determined by the Court)
* Costs of the Claim (to be assessed by the Court)
* Other appropriate relief (briefly explain)
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| By filing this Claim, I (the Claimant) hereby waive and forfeit the recovery of all sums in excess of KShs1,000,000, excluding costs and interest.---------------------------------- ------------------------------------Name of Claimant Signature of Claimant |
| **Declaration**I declare that the information given above is true:---------------------------------- ------------------------------------Name of Claimant Signature of Claimant Dated this day of 20 |
| **Acknowledge of Service**I acknowledge service of this Statement of Claim delivered to me, with evidential documents attached,on……………………………………………………---------------------------------- ------------------------------------Name of Respondent Signature of Respondent |
| **For Official Use Only:**This Claim was filed on the day of 20Signed ……………………………………….(Registrar) |