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 represent  Name: …………………………………………………………………. 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 |
| **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) |
| By filing this Claim, I (the Claimant) hereby waive and forfeit the recovery of all sums in excess of KShs  1,000,000, 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 20  Signed ……………………………………….  (Registrar) |