IN THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ JUDICIAL DISTRICT

DISTRICT COURT OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY, KANSAS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Plaintiff

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

 CASE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

v.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Defendant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

Pursuant to Chapter 61 of Kansas Statutes Annotated

**PETITION**

(Recovery of Contractual Debt Not Secured by Lien)

Plaintiff states this claim:

1. On or about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), Plaintiff and Defendant entered into a contract for the provision of goods, services, or money, under which Defendant is indebted to Plaintiff.
2. Defendant has failed to pay $\_\_\_\_\_\_\_\_\_\_, which is the amount due under the contract.
3. [ ]  (Check if applicable) The contract requires the Defendant to pay Plaintiff attorney fees.

Plaintiff demands judgment against Defendant in the amount of:

 (a) principal amount $\_\_\_\_\_\_\_\_\_\_;

 (b) attorney fees (if applicable) $\_\_\_\_\_\_\_\_\_\_;

 (c) interest before judgment \_\_\_\_% per year from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; and

 (d) costs (including filing fee, sheriff’s service process fee, etc.).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Plaintiff or Plaintiff’s Attorney

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Attorney Registration #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Fax # (if you have one): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_