

REPUBLIC OF KENYA

IN THE SMALL CLAIMS COURT AT

CLAIM NO OF

A.B.....CLAIMANT

VERSUS

C.D.....RESPONDENT

STATEMENT OF CLAIM

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)

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 day of 20 (give date) to the value of Kshs
- Services rendered on or about the day of 20 to the value of Kshs
- A Contact relating to money had and received on or about the day of 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 day of 20

4. Briefly explain the circumstances under which the claim arose, and attach documents (if any) in support of your claim.

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)

REPUBLIC OF KENYA

IN THE SMALL CLAIMS COURT OF AT

CLAIM NO OF

A.B.....CLAIMANT

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C.D.....RESPONDENT

RESPONSE TO STATEMENT OF CLAIM

1. Claimant's Personal Details

Name: Postal Address:

Physical Address: Telephone Contact:

Email Address: Nature of Business:

Location/Sub/Village

2. Respondent's Personal Details

Name: Postal Address:

Physical Address: Telephone Contact:

Email Address: Nature of Business:

Location/Sub/Village

3. Response to Statement of Claim

In response to the Statement of Claim dated the day of 20 , the Respondent states as follows:

(Please tick where appropriate)

- The Respondent does not owe the Claimant any money.
- The Respondent owes the Claimant only a portion of the amount claimed in the Statement of Claim amounting to Kshs..... (state the amount admitted)
- The Respondent admits the whole of the Claimants claim.
- The Respondent has paid to the Claimant all the sum claimed in the Statement of Claim.
- It is the Claimant who owes the Respondent a sum of Kshs on account of
(explain the basis on which the Claimant owes the amount stated)

- If the response is in denial of the whole or part of the claim. Give reasons why the claim is denied
(explain briefly)

4. In addition to the Respondent's response in paragraph three above, the Respondent state's that this claim *(Please tick where appropriate)*

- Is filed in the right Court
- Is filed in the wrong Court and should be transferred to the Small Claims Court at

5. Counterclaim

Without prejudice to the Respondent's response in paragraphs three and four, the Respondent Counterclaims against the Claimant the sum of Kshs..... on account of

(state the amount of counterclaim and the grounds on which the counterclaim is based)

6. Set-Off

While admitting the Claimant’s claim in the sum of Kshs, the Respondent states they are entitled to a Set-Off in the sum of Kshs.....on account of

(state the amount sought to be set-off and the reasons for the set-off)

7. Claim against Third Party

The Respondent denies the Claimants claim and states that the person named below (“the Third Party”) is liable to the Claimant on the grounds set out in the attached Third Party Notice.

Name of Third Party Postal Address

Telephone Contact Email Address

Location/Sub/Village

8. Remedy/ Relief Sought

The Respondent requests the Court to (Please tick where appropriate)

- Dismiss the Claimants claim with costs to the Respondents
- Enter Judgment in favour of the Claimant against the Respondent in the sum of Kshs
- Enter judgment in favour of the Respondent against the Claimant on the Counterclaim/Set off in the sum of Kshs.....
- Enter judgment in favour of the Claimant against the Third-party in the sum of Kshs

Declaration

I declare that the information given above is true

Name of Respondent

Signature of Respondent

Dated this

day of

20

Acknowledge of Service

I acknowledge service of this Response to Statement of Claim delivered to me, with evidential documents attached, on.....

Name of Claimant

Signature of Claimant

For Official Use Only

This Response to Statement of Claim was filed on the _____ day of _____ 20____

Signed

(Registrar)

REPUBLIC OF KENYA

IN THE SMALL CLAIMS COURT AT

CLAIM NO OF

A.B.....CLAIMANT

VERSUS

C.D.....RESPONDENT

RESPONSE TO COUNTERCLAIM/SET OFF

1. Claimant’s Personal Details

Name: Postal Address:

Physical Address: Telephone Contact:

Email Address:

Location/Sub- Location/Village Nature of Business:
.....

2. Respondent’s Personal Details

Name: Postal Address:

Physical Address: Telephone Contact:

Email Address: Nature of Business:

3. Response to Counterclaim/Setoff

In response to the Counterclaim dated the day of 20 , the Claimant states as follows:

(Please tick where appropriate)

- The Claimant does not owe the Respondent any money as claimed in the Counterclaim.
- The Claimant owes the Respondent only a portion of the amount Counterclaimed amounting to Kshs..... (state the amount admitted)
- The Claimant admits the whole of the Respondent’s Counterclaim and proposes to pay the amount admitted as follows (state the proposed terms of payment)
- The Claimant paid to the Respondent the whole of the amount claimed in the Counterclaim amounting to Kshs on the day of 20 (attach copies of documents in evidence of payment)
- If the Claimant denies the whole or part of the Counterclaim. Give reasons for the denial. (explain briefly)

4. In addition to the Claimant’s response in paragraph three above, the Claimant state’s that the grounds on which the Respondent’s Counterclaim is based fall outside the jurisdiction of this Court *(Please explain briefly)*

6. Remedy/ Relief Sought

The Claimant requests the Court to *(Please tick where appropriate)*

- Dismiss the Respondent’s Counterclaim/Setoff with costs to the Claimant
- Enter Judgment in favour of the Claimant against the Respondent in the sum of Kshs

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 Response to Statement of Claim delivered to me, with evidential documents attached, on.....

Name of Respondent _____ Signature of Respondent _____

For Official Use Only

This Response to Statement of Claim was filed on the _____ day of _____ 20

Signed

(Registrar)

Rule 16

FORM No SCC 4

REPUBLIC OF KENYA

IN THE SMALL CLAIMS COURT OF AT

CLAIM NO OF

A.B.....CLAIMANT

VERSUS

C.D.....RESPONDENT

E.F THIRD PARTY

THIRD PARTY NOTICE

(Issued pursuant to the order of the Court given on

TO

Name: Postal Address:
Physical Address: Telephone Contact:
Email Address: Nature of Business:
Location/Sub/Village

Take notice that a Claim has been brought by the claimant against the respondent. In it the claimant claims against the Respondent in accordance with the attached Statement of Claim.

The respondent claims against you (here state nature of claim against third party)) on the grounds that (state the grounds on the Response to Statement of Claim).

And take notice that if you wish to dispute the Claimant's claim against the respondent, or the respondent's claim against you, you must file and serve the Claimant and the Respondent with a response within 14 days after the service of this notice on you, inclusive of the day of service, otherwise you will be taken to admit the claimant's claim against the respondent and the respondent's claim against you and you will be bound by any judgment given in the suit.

Your response shall be in Form No SCC 2 with necessary modifications.

Name of Respondent Signature of Respondent

Acknowledge of Service

I acknowledge service of this Third Party Notice delivered to me, with evidential documents attached, on.....

Name of Third Party Signature of Third Party

Dated this day of 20

For Official Use Only

This Third Party Notice was filed on the day of 20

Signed

(Registrar)

/Enc/

- (a) A copy of the statement of claim with evidential documents attached.
- (b) A copy of the response to the statement of claim with evidential documents attached.
- (c) A copy of the notice of settlement conference or hearing of the claim, if any has been issued.

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CERTIFICATE OF SERVICE

I of P. O Box a process server, states as follows:

1. On theday of, 20 at (indicate the time) I served (indicate the name of the party) at (indicate the name of the place) by tendering a copy of (Indicate document served) to him/her and requiring a signature on the original.

(Please tick where appropriate)

He/she signed refused to sign the document.

He/she was personally known to me was identified to me by (indicate the name) and admitted that he/she was the (indicate the name of the party)

2. Not being able to find the..... (indicate the name of the party) on theday of 20 at(indicate the time) I served the (indicate the document served) on(indicate the name) an adult member of the family of the (Indicate the name of the party) who is residing with him/her.

3. Not being able to find the (indicate the name of the party) or any person on whom service could be made, on the day of 20 at (indicate the time), I affixed a copy of the (indicate the document served) to the outer door of the premises in which the resides/ carries on business at (indicate name of the premises)

4. Not being able to serve in the manner prescribed above, I sent the (indicate the document served) on the day of 20by registered mail to the last known postal of the (indicate name of addressee) and obtained the attached certificate of postage.

5. I declare that the information given above is true

Name

Signature

Dated this

day of

20