

STATE OF WISCONSIN, CIRCUIT COURT, LA CROSSE COUNTY

For Official Use  
 Cross County Wi

1050

Plaintiff: (Name [first, middle, last], Address, City, State, Zip)  
~~GUNDERSEN LUTHERAN MEDICAL CENTER~~  
~~PO BOX 2288~~  
~~LA CROSSE WI 54602-2288~~

**FILED**  
 SEP 30 2013  
 PAMELA RADTKE  
 CLERK OF COURTS

See attached for additional plaintiffs

Amended

**Summons and Complaint  
 Small Claims**

-vs-  
 To: Defendant(s) : (Name [first, middle, last], Address, City, State, Zip)

Case No. 13 SC 1927

~~JENNIFER & ISRAEL MCKINNEY~~  
 [Redacted]

See attached for additional defendants

- Claim for money (\$10,000 or less) 31001
- Return of property (replevin) 31003
- Eviction 31004
- Eviction due to foreclosure 31002
- Arbitration award 31006
- Return of earnest money 31008
- Tort/Personal Injury (\$5,000 or less) 31010

If you require reasonable accommodations due to a disability to participate in the court process, please call 608-785-9590 at least 10 working days prior to the scheduled court date. Please note that the court does not provide transportation.

**SUMMONS**

**To the Defendant(s):**

You are being sued as described below. If you wish to dispute this matter:

- You must appear at the time and place stated.
- You must file a written answer and provide a copy to the plaintiff or plaintiff's attorney on or before the date and time stated.

If you do not appear or answer, the plaintiff may win this case and a judgment entered for what the plaintiff is asking.

When to Appear/File an Answer	
Date <u>10/18/2013</u>	Time <u>9:00 AM</u>
Place to Appear/File an Answer	
LA CROSSE COUNTY COURTHOUSE & LAW ENFORCEMENT CENTER 333 VINE STREET LA CROSSE WI 54601	
Date Summons Issued	Date Summons Filed <u>SEP 30</u>

Clerk/Attorney Signature

*[Handwritten Signature]*

**COMPLAINT**

**Plaintiff's Demand:**

The plaintiff states the following claim against the defendant(s):

1. Plaintiff demands judgment for: (Check as appropriate)

- Claim for Money \$ 3749.74
- Return of Earnest Money
- Return of property (replevin) (Describe property in 2 below.)
- Tort/Personal injury \$ \_\_\_\_\_
- Eviction
- Eviction due to foreclosure
- Confirmation, vacation, modification or correction of arbitration award.

Plus interest, costs, attorney fees, if any, and such other relief as the court deems proper.

2. Brief statement of dates and facts: (If this is an eviction action and you are seeking money damages, you must also state that claim on this form.)

06/12-06/12 PRINCIPLE AMOUNT \$ 3749.74  
HEALTHCARE SERVICES PLUS FILING, ATTY & SERVICE FEES

See attached for additional information. Provide copy of attachments for court and defendant(s).

**Verification:** Under oath, I state that the above complaint is true, except as those matters stated upon information and belief, and as to those matters, I believe them to be true.

I am:  plaintiff.  attorney for the plaintiff.

State of WISCONSIN  
 County of LA CROSSE  
 Subscribed and Sworn to before me on Sept 24, 2013  
 Notary Public/Court Official  
MARY J. BARRIS  
 PUBLIC  
 Name Printed or Typed  
 My commission term expires: 10/2016

Signature of Plaintiff or Attorney <i>[Handwritten Signature]</i>	Date <u>9-24-13</u>	Attorney's State Bar Number <u>1012013</u>
Plaintiff's/Attorney's Telephone Number <u>608-785-1886</u>	Law Firm and Address <u>DOYLE LAW OFFICE S.C. 1230 FERRY STREET LA CROSSE WI 54601</u>	