

VI

R. C. No. 278 - 21 - 22. By FINANCE AND PERSONNEL COMMITTEE.
April 18, 2022.

Your Committee to whom was referred R. O. No. 133-21-22 by City Clerk submitting a Summons and Complaint in the matter of Peter William Reichelsdorfer vs the City of Sheboygan Department of Public Works; recommends referring to the Finance and Personnel Committee of the 2022-2023 Council.

F+P
2022-2023 Council

_____	_____
_____	_____
_____	_____

Committee

I HEREBY CERTIFY that the foregoing Committee Report was duly accepted and adopted by the Common Council of the City of Sheboygan, Wisconsin, on the _____ day of _____, 20____.

Dated _____ 20____. _____, City Clerk

Approved _____ 20____. _____, Mayor

II

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R. O. No. 133 - 21 - 22. By CITY CLERK. March 21, 2022.

Submitting a Summons and Complaint in the matter of Peter William Reichelsdorfer vs the City of Sheboygan Department of Public Works.

F+P

CITY CLERK

<p>Enter the name of the county in which you are filing this case.</p> <p>The plaintiff is the person bringing the law suit.</p> <p>Enter the Plaintiff's name and address. If two plaintiffs are living at the same address, then the names and addresses may be listed together.</p> <p>For more plaintiffs, check the "additional plaintiffs" box and attach another sheet with their names and addresses.</p> <p>If this is an Amended Complaint, check the box</p> <p>Enter the case number given you by the Clerk.</p> <p>The defendant is the person or business you are suing. Enter the name(s) and address(es) of the defendant(s).</p> <p>For more than two defendants, check the "additional defendants" box and attach another sheet with their names and addresses.</p> <p>On the far right: Check one of the boxes to show what type of small claims case you are filing.</p> <p>Note: The clerk will provide the phone number for the disability box.</p>	<p style="text-align: center;">STATE OF WISCONSIN, CIRCUIT COURT, SHEBOYGAN COUNTY</p> <hr/> <p>Plaintiff: <u>PETER WILLIAM REICHELSDORFER</u> <small>First name Middle name Last name</small> <u>1424 CASTLE AVENUE</u> <small>Address</small> <u>SHEBOYGAN, WISCONSIN 53081</u> <small>City State Zip</small></p> <p style="text-align: center;"><input type="checkbox"/> See attached for additional plaintiffs.</p> <p style="text-align: center;">-VS-</p> <p>To: Defendant(s): <u>CITY OF SHEBOYGAN DEPT. PUBLIC WORK</u> <small>First name Middle name Last name</small> <u>CITY HALL</u> <small>Address</small> <u>828 CENTER AVENUE SUIT 210</u> <small>Address</small> <u>SHEBOYGAN, WISCONSIN 53081</u> <small>City State Zip</small></p> <p style="text-align: center;"><input type="checkbox"/> See attached for additional defendants.</p>	<p style="text-align: center;">CLERK CIRCUIT COURT FILED</p> <p style="text-align: center;">2022 MAR -4 P 1:20</p> <p style="text-align: center;">SHEBOYGAN COUNTY WISCONSIN</p> <p style="text-align: center; font-size: 1.2em;">Hon. Daniel J. Borowski</p> <p style="text-align: center;"><input type="checkbox"/> Amended</p> <p style="text-align: center;">Summons and Complaint (Small Claims)</p> <p>Case No. 22SC0293</p> <table border="0" style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Claim for money (\$10,000 or less)</td> <td style="text-align: right;">31001</td> </tr> <tr> <td><input type="checkbox"/> Tort/Personal injury (\$5,000 or less)</td> <td style="text-align: right;">31010</td> </tr> <tr> <td><input type="checkbox"/> Return of property (replevin)</td> <td style="text-align: right;">31003</td> </tr> <tr> <td><input type="checkbox"/> Eviction</td> <td style="text-align: right;">31004</td> </tr> <tr> <td><input type="checkbox"/> Eviction due to foreclosure</td> <td style="text-align: right;">31002</td> </tr> <tr> <td><input type="checkbox"/> Arbitration award</td> <td style="text-align: right;">31006</td> </tr> <tr> <td><input type="checkbox"/> Return of earnest money</td> <td style="text-align: right;">31006</td> </tr> </table> <p style="font-size: 0.8em;">If you require reasonable accommodations due to a disability to participate in the court process, please call 920-459-3070 prior to the scheduled court date. Please note that the court does not provide transportation.</p>	<input checked="" type="checkbox"/> Claim for money (\$10,000 or less)	31001	<input type="checkbox"/> Tort/Personal injury (\$5,000 or less)	31010	<input type="checkbox"/> Return of property (replevin)	31003	<input type="checkbox"/> Eviction	31004	<input type="checkbox"/> Eviction due to foreclosure	31002	<input type="checkbox"/> Arbitration award	31006	<input type="checkbox"/> Return of earnest money	31006
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<input type="checkbox"/> Return of earnest money	31006															

SUMMONS									
<p>Do not check either of these boxes.</p> <p>The clerk will check one or both and circle "AND" or "OR" according to local court procedure.</p> <p>The clerk will circle what you need to do and will provide the date, time, and place to appear and/or answer.</p> <p><i>Note: I leave dates blank; the clerk or plaintiff's attorney will enter them</i></p>	<p>To the Defendant(s): You are being sued as described on the attached complaint. If you wish to dispute this matter:</p> <p style="text-align: center;"> <input type="checkbox"/> You must appear at the time and place stated. <input checked="" type="checkbox"/> 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. </p> <p>If you do not appear or answer, the plaintiff may win this case and a judgment entered for what the plaintiff is asking.</p> <p>When to Appear/File an Answer</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><small>Date</small></td> <td style="width: 50%;"><small>Time</small></td> </tr> <tr> <td>MAR 28 2022</td> <td>08:30 AM</td> </tr> </table> <p>Place to Appear/File an Answer</p> <p>SHEBOYGAN COUNTY COURTHOUSE B-10 Lower Level 615 North 6 Street Sheboygan, WI 53081</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><small>Date Summons Issued</small></td> <td style="width: 50%;"><small>Date Summons Mailed</small></td> </tr> <tr> <td>MAR 04 2022</td> <td></td> </tr> </table>	<small>Date</small>	<small>Time</small>	MAR 28 2022	08:30 AM	<small>Date Summons Issued</small>	<small>Date Summons Mailed</small>	MAR 04 2022	
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<p><i>Melody Lange</i></p> <p><small>Clerk/Attorney Signature</small></p>									

COMPLAINT

Plaintiff's Demand:

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

Check the box for the type of small claims case you have filed.

See Basic Guide to Wisconsin Small Claims Actions (SC-6000V).

Briefly explain the facts and why the court should award you what you are asking for.

For Eviction Actions: If you are seeking money damages, you must also state that claim on this form. If you do not know the exact amount of money damages yet, state that the amount of money damages cannot yet be determined.

If you need more room, check this box and attach additional sheets.

Check if you are the plaintiff or the attorney.

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

- ☐ Claim for Money \$ _____
- ☐ Tort/Personal injury \$ _____
- ☐ Return of property (replevin) (Describe property in 2 below.)
(Not to include Wis. Stats. 425.205 actions to recover collateral.)
- ☐ Eviction
- ☐ Eviction due to foreclosure
- ☐ Return of Earnest Money
- ☐ 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.)

CHRONOLOGY OF CLAIM

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

I am the ☒ plaintiff.
☐ attorney for the plaintiff.

Enter your or your attorney's name and date.

Print or type your name.

Enter your or your attorney's phone number.

An attorney must enter his or her State Bar Number, law firm and address.

PETER WILLIAM REICHELDORFER

Plaintiff

Name Printed or Typed

1424 CASTLE AVENUE

Address

SHEBOYGAN, WI 53081

Email Address

arktos1@outlook.com

Telephone Number

920-316-2119

Date

MAR 4 2022

Attorney's Signature

Attorney's Name Printed or Typed

Attorney's Address

Attorney's Email Address

Telephone Number

State Bar No (if any)

COPIES: For each person you are suing, make two copies of this signed original and any attachments, and bring them to the clerk of court.

Description of Tree Claim - (form- page 2, item 2)

Chronology

August 6, 2021-during weather event (rain), at 1424 Castle Avenue, a branch from City owned tree fell on vehicle. Initial telephone contact with DPW reported no damage. Branch removed overnight. Inspection on August 7 revealed damage. August 9, claim filed. September 8, claim denial without explanation letter received.

September 10-15, phone conversations with Alder— facts provided 1) denial attributed to Act of God. 2) The tree is on DPW list for removal. Alder scheduled item for inclusion on Common Council agenda for September 20 meeting. I registered with the City Clerk to speak at the meeting. I was never called to speak. Council denied the item.

Following the September 20 meeting, I made arrangements, at his request, to speak with the City Engineer. The City Attorney interrupted and forbade me to talk to City Officials, but only contact him. Followed up with two letters to City Attorney. I Indicated intention to file suit. i Requested permission to talk to Alder, never received reply. Have had no communication with any city official including my alder since.

Peter W Reichelsdorfer

March 4, 2022



SHEBOYGAN COUNTY

Susan M. Schaubel

Sheboygan County Assistant Court Commissioner

May 1, 2021

To all litigants,

PLEASE NOTE: WHILE SOME CIVIL PROCEEDINGS ARE GOING FORWARD IN PERSON, SMALL CLAIMS INITIAL APPEARANCES (OR RETURN DATES) ON MONDAY MORNINGS AT 8:30 ARE NOT BEING HELD IN PERSON AT THIS TIME. THIS ORDER IS IN EFFECT INDEFINITELY. DO NOT COME TO THE COURTHOUSE FOR SMALL CLAIMS INITIAL APPEARANCES (RETURN DATES) ON MONDAY MORNINGS.

THESE SPECIFIC LOCAL INSTRUCTIONS OVERRIDE ANY LANGUAGE REGARDING APPEARANCES ON THE COMPLAINT ITSELF, INCLUDING IN THE BOX MARKED "WHEN TO APPEAR/FILE AN ANSWER". FOLLOW THE INSTRUCTIONS BELOW ONLY.

Small claims initial appearances will go forward as outlined below. The courts are in the process of amending the procedures for Small Claims court and any changes to the rules will be sent to all litigants.

DO NOT COME TO THE COURTHOUSE FOR ANY SMALL CLAIMS PROCEEDING WITHOUT SPECIFIC ORDERS TO DO SO!

If you have a scheduled **INITIAL APPEARANCE** and:

- You are a **PLAINTIFF**, you do not need to file a letter of appearance, but Proofs of Service and non-military service must still be in the clerk of courts office prior to the date scheduled. We would prefer those to be mailed in, if possible.
- You are a **DEFENDANT**, you may answer one of two ways:
 - You may mail in your answer form. Defendants should have received a copy of the form with the complaint. If you do not have a form, it can be downloaded at wicourts.gov; under "Forms," "Small Claims". Form SC5200V. Answers must be received by the Clerk of Courts Office before the date scheduled for the initial appearance and a copy should be mailed to the plaintiff.
 - You may call the Clerk of Courts office Small Claims answer line before your scheduled initial appearance date. **This phone number is ONLY to be used for filing a temporary answer to a Small Claims case.** This is a recorded answer line. No staff member will pick up. Messages left at that number regarding anything other than an answer to an upcoming initial appearance will not be

Enter the name of the county in which you are filing this case.	STATE OF WISCONSIN, CIRCUIT COURT, <div style="text-align: center;"><u>SHEBOYGAN</u> COUNTY</div>
Enter the Plaintiff's name. The Plaintiff is the person bringing the lawsuit.	Plaintiff(s): <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"> First name Middle name Last name </div>
Enter the Plaintiff's address.	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>
If there is more than one plaintiff, check the "additional plaintiffs" box and attach another sheet with their names and addresses.	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"> City State Zip </div>
Enter the case number from the summons and complaint.	<input type="checkbox"/> See attached for additional plaintiffs. -VS-
Enter your name. You are the Defendant.	Defendant(s): <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"> First name Middle name Last name </div>
Enter your address.	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>
If there is more than one defendant, check the "additional defendants" box and attach another sheet with their names and addresses.	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"> City State Zip </div>
	<input type="checkbox"/> See attached for additional defendants.

Answer and Counterclaim (Small Claims)

Case No. _____

ANSWER

I am the defendant (or an authorized representative of the defendant):

Check 1 or 2. Check 1 if you do not dispute the plaintiff's claim.	<input type="checkbox"/> 1. This matter IS NOT contested. I agree with the plaintiff's claim. Judgment may be taken as requested in the complaint, plus costs and interest as allowed by law. -OR-
Check 2 if you do dispute the plaintiff's claim. State the reasons why you disagree.	<input type="checkbox"/> 2. This matter IS contested. I do not agree with the plaintiff's claim. This matter should be scheduled so that the parties may present their evidence. The reason(s) why the matter is contested are as follows: <div style="border-bottom: 1px solid black; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; margin-top: 5px;"></div>
Check the box if you need more room and attach any additional pages.	<input type="checkbox"/> See attached for additional information.
See <i>Pre-Judgment: Basic Steps to Small Claims Service</i> (SC-6050V).	

Counterclaim/Demand

Check the box if there is no counterclaim/demand and go to the signature section.

Check this box if there is a counterclaim/demand. Complete this section only if you are making a counterclaim/demand.

Briefly explain why the court should award you what you are asking for.

If you are seeking to recover damages of more than \$5,000 for your tort or personal injury counterclaim, or more than \$10,000 for other types of counterclaims, the case may not continue in small claims court. In addition, you must pay a filing fee to the Clerk of Court, and you must send the *Notice of Counterclaim* (SC-5250V) to the plaintiff(s) on the same day the counterclaim is filed.

NOTE: Eviction actions are heard in small claims court, regardless of the amount of the counterclaim.

If you need more room, check the box and attach any additional pages to this Counterclaim.

Follow local rules for filing and serving.

☐ I/We do not have a counterclaim/demand against the plaintiff(s).

☐ I/We have a counterclaim/demand against the plaintiff(s) and demand judgment against the plaintiff(s) for \$ _____, plus interest, costs, attorney fees, if any, and such other relief as the court deems proper.

Defendant(s) certify that a copy of this answer and counterclaim has been or will be mailed to the plaintiff(s) or plaintiff's attorney, if any.

Signatures

Sign and print your name. Enter the date on which you signed your name.

Note: This signature does not need to be notarized.

If an attorney is completing this form, enter your information.

▶ _____
Defendant's Signature

Name Printed or Typed

Address

Email Address

Telephone Number

Date

▶ _____
Attorney's Signature

Name Printed or Typed

Law Firm and Address

Email Address

Telephone Number

Date

State Bar No. (if any)