

**IN THE DELAWARE MUNICIPAL COURT, DELAWARE COUNTY, OHIO**

70 North Union Street, Delaware, Ohio 43015 • Voice: 740.203.1560 • Facsimile: 740.203.1599 • www.municipalcourt.org

*Instructions: Please, type or print all information. If additional space is required, additional sheets may be attached. Provide a brief description of the basis for the claim in the space provided and attach any documents upon which the complaint is based. Claims that are untimely, incomplete, unfounded, or lack required attachments are subject to dismissal. Other proper forms are accepted. This form is not legal advice; for advice you must confer with an attorney.*

\* \_\_\_\_\_  
Plaintiff(s)

vs.

\* \_\_\_\_\_  
Defendant

CASE NO: \_\_\_\_\_ CVI \_\_\_\_\_

**Small Claims Court Counterclaim**

Defendant(s) \_\_\_\_\_ demand(s) judgment against Plaintiff(s) in the amount of \$\* \_\_\_\_\_ plus court costs and interest. Plaintiff owe(s) the sum demanded for the reason(s) below shown.

\* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[ ] The attached contract(s), promissory note(s), other document(s), and/or further narrative, is/are part of this complaint.

I mailed a copy hereof on \_\_\_\_\_, 20 \_\_\_\_ to Plaintiff(s) at the address shown on the complaint, or as otherwise shown in the case file

\*X \_\_\_\_\_  
Signature of Defendant / Attorney for Defendant

\_\_\_\_\_  
Print name of attorney for Defendant (if filed by attorney.) SCN

\* \_\_\_\_\_  
Defendant/Attorney phone number

\_\_\_\_\_  
Attorney Address (if filed by attorney)

\* \_\_\_\_\_  
Defendant/Attorney email/facsimile number

\_\_\_\_\_  
Attorney City, State Zip (if filed by attorney)

\*Line/area must be completed.

Subscribed and sworn/affirmed before me on the date shown

\_\_\_\_\_  
**Cindy Dinovo, Clerk / Deputy Clerk / Notary Public** Date