

IN THE MORROW COUNTY MUNICIPAL COURT
Small Claim Complaint

Morrow County Municipal Court
48 East High Street Room A
Mount Gilead, Ohio 43338

SMALL CLAIMS DIVISION
(419) 947-5045
FAX NO. (419) 946-4070
www.morrowcountymunict.org
info@morrowcountymunict.org

NAME OF PLAINTIFF(S)

STREET ADDRESS

CITY, STATE, ZIP CODE

TELEPHONE NO./FAX

VS.

NAME OF DEFENDANT (1)

STREET ADDRESS

CITY, STATE, ZIP CODE

TELEPHONE NO./FAX

CASE NO. _____

INSTRUCTIONS: Please type or print all information on the form. If additional space is needed, lined paper may be attached. Give a short, accurate description of the basis for the complaint in the space provided below. Attach any documents upon which the complaint is based. Failure to properly complete the complaint form may result in dismissal of the complaint.

NAME OF DEFENDANT (2)

STREET ADDRESS

CITY, STATE, ZIP CODE

TELEPHONE NO./FAX

STATEMENT OF COMPLAINT

The undersigned being duly sworn, on oath, states that he/she is the above-named Plaintiff in this action and has filed this complaint against the above named Defendant(s) seeking money damages in the amount of \$ _____ plus interest as provided by law plus costs on the following basis (failure of provide a description below may result in dismissal):

The Court will hold trial on this claim in the Small Claims Division locations at **48 East High Street, Mt. Gilead, Ohio 43338** at _____ o'clock PM on Tuesday, the _____ of _____, _____.

If you do not appear at the trial, judgment may be entered against you by default, and your earnings may be subject to garnishment or your property may be attached to satisfy said judgment. If your defense is supported by witnesses, account books, receipts, or other documents, you must produce them at the trial. Subpoenas for witnesses, if requested by a party, will be issued by the clerk.

If you admit the claim but desire time to pay, you may make such a request at the trial. "IF YOU BELIEVE YOU HAVE A CLAIM AGAINST THE PLAINTIFF, YOU MUST FILE A COUNTERCLAIM WITH THE COURT AND MUST SERVE THE PLAINTIFF AND ALL OTHER PARTIES WITH A COPY OF THE COUNTERCLAIM AT LEAST SEVEN DAYS PRIOR TO THE DATE OF THE TRIAL OF THE PLAINTIFF'S CLAIM."

SIGNATURE OF EACH PLAINTIFF/PLAINTIFF'S AGENT

PRINTED/TYPED NAME OF EACH PLAINTIFF'S AGENT

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____, _____.

Clerk, Deputy Clerk, Notary Clerk