

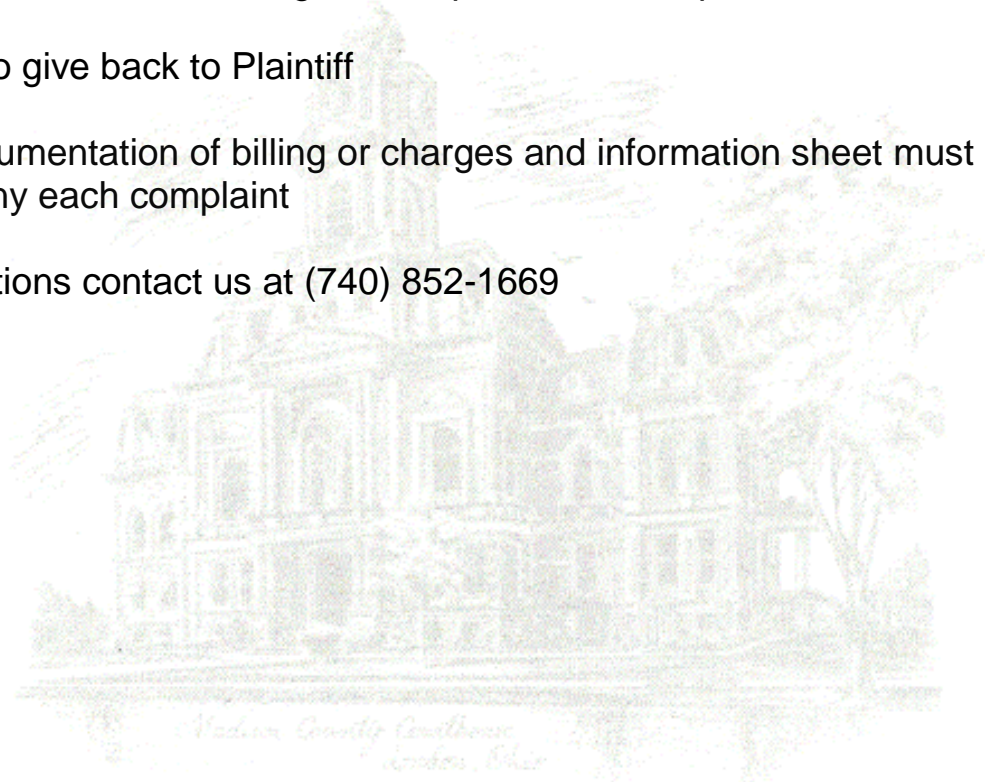
SMALL CLAIMS INSTRUCTIONS
\$6000.00 or Less

\$50.00 Filing Fee - One Defendant

\$10.00 each additional defendants

- Fill out form completely
- Must be notarized- File original complaint with 2 copies PER defendant
- 1 copy to give back to Plaintiff
- Any documentation of billing or charges and information sheet must accompany each complaint

Any questions contact us at (740) 852-1669



SMALL CLAIM COMPLAINT

Plaintiff,

Name

Street

City/State/Zip Code

Phone

(1) Defendant,

vs

Name

Street

City/State/Zip Code

Phone

MADISON COUNTY MUNICIPAL COURT

London, Ohio

Judge, Eric M. Schooley

Clerk of Court, Tammy Terpening

SMALL CLAIMS DIVISION

Case number _____ CV-I _____

Docket _____ Page _____

(2) Defendant,

Name

Street

City/State/Zip Code

Phone

Date of Birth _____ / _____ / _____

TO THE CLERK:

Please take notice that the claim is hereby filed against the above defendant(s) and request that he (they) be summoned to appear in Court to answer same.

STATEMENT OF CLAIM

G WAGES \$ _____

G ACCOUNT - EXHIBIT "A" ATTACHED AND MADE A PART HEREOF

G OTHER - PLAINTIFF CLAIMS DEFENDANT OWES THE SUM OF \$ _____ FOR
(attach additional sheet if needed) _____

Wherefore plaintiff(s) asks for judgment against the defendant(s) in the sum of \$ _____ (which includes interest of \$ _____, plus interest from the _____ day of _____, 20____, at the rate of _____% and costs. Costs of \$ _____ are also due if case is settled or amount paid before hearing.

STATE OF OHIO)
COUNTY OF MADISON)

SS.

AFFIDAVIT OF COMPLAINANT'S CLAIM

_____, being first duly sworn, on oath states that _____ he is (they are) the _____ plaintiff(s) in the above entitled cause, that the said cause is for the payment of money, that the nature of plaintiff's demand is as stated, and that there is due to plaintiff(s) from the defendant(s) the amount stated above, and that the defendant(s) is (are) not now in the military or naval service of the United States.

Subscribed and sworn to before me this _____ day of _____, 20 _____

Clerk, Dep. Clerk, Notary Public

MADISON COUNTY MUNICIPAL COURT

SMALL CLAIMS DIVISION

INFORMATION SHEET

DATE: _____

PLAINTIFF: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE: _____

CHECK STATUS OF ABOVE PARTY: () INDIVIDUAL () CORP () OTHER

DEFENDANT: _____

ADDRESS _____

CITY: _____ STATE _____ ZIP _____

PHONE: _____

CHECK STATUS OF ABOVE PARTY: () INDIVIDUAL () CORP () OTHER

AMOUNT CLAIMED: (LIMIT \$6000.00) \$ _____

NATURE OF THE CLAIM: (HOW DID THIS DEBT OCCUR?)

WHEN DID THIS OCCUR? (LIST ALL DATES) _____

WHERE DID THIS HAPPEN?

OTHER PERTINENT INFORMATION: (BACK OF INFORMATION SHEET MAY ALSO BE USED):

