

**IN THE MUNICIPAL COURT OF MONTGOMERY COUNTY, OH
SMALL CLAIMS DIVISION
6111 TAYLORSVILLE RD
HUBER HEIGHTS, OH 45424
(937) 225-5824**

Plaintiff Name

CASE NO: _____

Address

COUNTERCLAIM

City, State, Zip

Phone No.

vs

Defendant #1

Defendant #2

Address

_ Address

City, State, Zip

_ City, State, Zip

Phone No.

_ Phone No.

TO THE CLERK:

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

STATEMENT OF CLAIM

Account- Exhibit A attached and made a part hereof Wages _____
 Other _____

Wherefore defendant prays judgment against plaintiff in the sum of \$ _____, plus interest from the _____ day of _____, 20____, at the rate of _____% and costs.

State of Ohio }
County of Montgomery} ss.

AFFIDAVIT OF COMPLAINANT'S CLAIM

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

Signature of Defendant/Attorney
Subscribed to and sworn before me this _____ day of _____, 20_____.

Clerk/ Deputy Clerk/ Notary Public

*Affidavit must be signed in the witness of a Notary or Deputy Clerk.

*Please provide two (2) additional copies for one plaintiff and (3) three additional copies for two plaintiffs.

