IN THE MUNICIPAL COURT OF MONTGOMERY COUNTY, OHIO SMALL CLAIMS DIVISION 875 E MAIN ST TROTWOOD, OH 45426 (937)687-9092

Plaintiff Name	CASE NO:
Address	
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 defendant(s) and request that she/he/they be summoned to appear in the Court to answer same.

STATEMENT OF CLAIM					
Account- Exhibit A atta	ached and made	e a part hereof	Wages		
		I	6		
Wherefore plaintiff pray	s judgment aga	ainst defendant in the	e sum of \$, plus interest from the	
day of	, 20	, at the rate of	% and costs	- -	
-					
State of Ohio }					
County of Montgomery } ss.	A	AFFIDAVIT OF CO	OMPLAINANT'S	CLAIM	
				s the Plaintiff in the above entitled	
	1.	•	1	s stated, and that there is due to	
States.	ie amount stated a	ibove; defendant(s) is/are	e not now in the militar	y or naval service of the United	
States.					
			Signature of Plai	ntiff/Attorney	
	Subsc	cribed to and sworn befor	e	f, 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 defendant and (3) three additional copies for two defendants.

SMALL CLAIMS INFORMATION SHEET

DATE			
PLAINTIFF(S)	DEFENDANT(S)		
Name/Address/Phone No.	Name/Address/Phone No.		
Is DEFENDANT presently in the military?	Yes No		
Nature of Complaint:			
Amount claimed \$, w			
day of, 20	·		
This Complaint is true to the best of my kn	owledge.		

Plaintiff(s) Signature