

JAMES E. SHERRON
JUDGE

STEVEN P. LONGWORTH
CLERK OF COURT

SMALL CLAIMS COMPLAINT

**IN THE MIDDLETOWN MUNICIPAL COURT
ONE DONHAM PLAZA
MIDDLETOWN, OHIO 45042**

PLAINTIFF(S)

CASE NO. _____

NAME _____

ADDRESS _____

ZIP CODE _____

TELEPHONE NO. _____

-VS-

DEFENDANT

DEFENDANT

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

ZIP CODE _____

ZIP CODE _____

TELEPHONE NO. _____

TELEPHONE NO. _____

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

STATEMENT OF CLAIM

ACCOUNT-Exhibit A attached and made a part hereof ACCIDENT WAGES

OTHER _____

Wherefore Plaintiff(s) prays judgment against Defendant(s) in the sum of \$_____ plus interest and costs.

STATE OF OHIO)

BUTLER COUNTY)SS:

AFFIDAVIT OF COMPLAINANT'S CLAIM

_____ being first duly sworn, on oath states that he/she (they) is (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 from the defendant(s) the amount stated above; defendant(s) is (are) not now in the military or naval service of the United States. If service of process by certified mail is returned by the postal authorities with the endorsement of "refused" or "unclaimed" the undersigned requests ordinary mail service in accordance with Civil Rule 4.6 (C) or 4.6 (D).

PLAINTIFF(S) _____

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

By: _____
CLERK, DEPUTY CLERK, NOTARY PUBLIC

JAMES E. SHERRON
JUDGE

STEVEN P. LONGWORTH
CLERK OF COURT

SMALL CLAIMS INFORMATION SHEET

(Please Print or Type)

PLAINTIFF(S)

Name (Yours): _____

Date: _____

Address: _____

Amount: \$ _____

City/State/Zip: _____

Telephone: () _____

Itemize: (Must List Each Item of Damage)

VS

Defendant's Name: _____

Defendant's Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Telephone: () _____

Telephone: () _____

PROOF: (MUST ATTACH EVIDENCE TO SUPPORT EACH ITEM OF DAMAGE)

COMPLAINT

Account _____

Wages _____

Car Accident _____

Landlord / Tenant _____

When (Date) _____

Where/Location _____

Describe: _____

You, the Plaintiff, do not have to appear on the default date scheduled unless notified by the Court. You will be asked to appear if you have not furnished the Court with sufficient information to support the claim.

Please be advised a copy of this complaint will be served on the Defendant.