

The following Small Claims Form are attached:

Small Claims Information Sheet, Complaint Sheet and Case Designation sheet.

Instructions:

1. Information sheet, fill in all fields.
2. Complaint sheet, fill in all the remaining fields. (Some fields will automatically fill with the information you provided on the Information sheet.)
3. Case Designation sheet, complete this form.
4. Print off the appropriate number of copies. We need the original of all three forms and at least one copy of the Information sheet and Complaint sheet for each defendant and if you would like a copy returned.
5. Be sure to sign all three forms; the Information sheet and Complaint sheet will need to be notarized if you will be filing through the mail, otherwise you will sign the documents in our presence.
6. If you have any questions on completing the paperwork please contact the Clerk's office at 419-424-7143

**SMALL CLAIM INFORMATION SHEET**

Date \_\_\_\_\_

Plaintiff \_\_\_\_\_

Defendant \_\_\_\_\_

Address \_\_\_\_\_

(Street and Number)

Address \_\_\_\_\_

(Street and Number)

\_\_\_\_\_  
(City, Village or Township)

\_\_\_\_\_  
(City, Village or Township)

\_\_\_\_\_  
(State - Zip Code)

\_\_\_\_\_  
(State - Zip Code)

Telephone Number \_\_\_\_\_

(Numbers only, no characters)

Telephone Number \_\_\_\_\_

(Numbers only, no characters)

Is DEFENDANT presently in the military or naval service of the United States? \_\_\_\_\_

Complaint

AMOUNT CLAIMED \_\_\_\_\_, with interest at the rate of \_\_\_\_\_ %

from the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

The undersigned hereby certifies that the above complaint is true to the best of my belief.

Small Claims Complaint

Findlay Municipal Court
318 Dorney Plaza, Second Floor
Findlay, Ohio 45840

Et Al.
Address

Plaintiff vs. Telephone No.

Et Al.
Address

Defendant vs. Telephone No.

Case Number

TO THE CLERK:

Please take notice that a 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

SEE ATTACHED SMALL CLAIMS INFORMATION SHEET.

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

STATE OF OHIO )
COUNTY OF HANCOCK) ss.

AFFIDAVIT OF COMPLAINANT'S CLAIM

\_\_\_\_\_, being first duly sworn, on oath states that \_\_\_\_\_ the Plaintiff in the above entitled cause; that the said cause is for the payment of money that the nature of plaintiff's demands is as stated, and that there is due to plaintiff from the defendant the amount stated above; 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, Deputy Clerk, Notary Public

NOTICE AND SUMMONS IN ACTION FOR MONEY ONLY

To: (1) \_\_\_\_\_ Defendant
(2) \_\_\_\_\_ Defendant
Street and Number
City

\_\_\_\_\_ ask(s) judgment in this court against you for \_\_\_\_\_ dollars (\$\_\_\_\_\_), plus interest from the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at the rate of \_\_\_\_\_% and costs, upon the following claim: \_\_\_\_\_.

The court will hold trial on this claim in the Small Claims Division located at Findlay Municipal Court at 4:45 PM on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

If you do not appear at the trial, judgment may be entered against you by default, and your earnings may be subjected 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 HAE 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 TE TRIAL OF THE PLAINTIFF'S CLAIM.

**FINDLAY MUNICIPAL COURT**

Heather M. Eigel, Clerk of Court

PO BOX 826

FINDLAY, OHIO 45839

419-424-7143

**CASE DESIGNATION FORM**(failure to complete this form may delay  
the processing of your claim)**Case Number:** \_\_\_\_\_

**1. Has this case been previously filed and dismissed?** Please check one. Yes ( ) No ( )  
If yes, please indicate court, case number and judge. Court \_\_\_\_\_ Case No. \_\_\_\_\_ Judge \_\_\_\_\_

**2. Are there any related cases, pending or closed?** Please check one. Yes ( ) No ( )  
If yes, please indicate court, case number and judge. Court \_\_\_\_\_ Case No. \_\_\_\_\_ Judge \_\_\_\_\_

**PURSUANT TO THE REQUIREMENTS AND SANCTIONS PROVIDED WITHIN RULE 11 OF THE OHIO RULES OF CIVIL PROCEDURE, I HEREBY CERTIFY THE ABOVE TO BE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
Signature of Plaintiff or Attorney for Plaintiff

**3. Do you believe that this case can be resolved through Mediation?** Please check one. Yes ( ) No ( )

**Plaintiff** (include complete name, address and phone #)

**Defendant** (include complete name, address and phone #)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If more space is necessary for additional parties please use the reverse side of this form)

<b>CIVIL CATEGORIES</b>	<b>PLACE AN (X) IN ONE CATEGORY ONLY</b>
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Accident Auto Damage – CVE	Unpaid Wages/Commission - CVF
Intentional Tort – CVE	Reimbursement – CVF
Personal Injury – CVE	Compensatory/Punitive Damages - CVF
Property Damage – CVE	Unpaid Credit Card Debt - CVF
Account, Money Owed, Nonpayment of Services – CVF	Return of Security Deposit – CVF
Bad Check – CVF	Act for Declaratory Relief - CVF
Breach of Warranty/Contract – CVF	Unpaid Rent/Damages – CVF
Damage Due to Workmanship – CVF	Replevin – CVF, CVH
Default of Loan/Lease – CVF	Small Claims – CVI
Dispute – CVF	Eviction Only - CVG
Unpaid Taxes - CVF	Eviction with Rent/Damage Claim – CVG
Promissory Note – CVF	Other:

**Request for Regular Mail Service**

If service of process by Certified Mail is returned by the Postal Authorities with an endorsement of "REFUSED" OR "UNCLAIMED" the undersigned waives notice of this by the Clerk and requests ordinary mail service in accordance with Civil Rule 4.6(C) or 4.6(D).

\_\_\_\_\_  
Signature of Plaintiff or Attorney for Plaintiff

**Attorney Information**

\_\_\_\_\_  
Attorney of Record (Please print or type)

\_\_\_\_\_  
Ohio Supreme Court Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Firm Name

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number