

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

Plaintiff Name

CASE NO: _____

Address

Phone No.

vs

Defendant #1

Defendant #2

Address

Address

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 attached and made a part hereof Wages _____
 Other _____

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 Montgomery} ss.

AFFIDAVIT OF COMPLAINANT'S CLAIM

_____, being first duly sworn, on oath states that he/she is the Plaintiff in the above entitled cause; that the said cause is for payment of money that the nature of the plaintiff's demand 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 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 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 \$ _____, with interest at _____%, from the
_____ day of _____, 20_____.

This Complaint is true to the best of my knowledge.

Plaintiff(s) Signature