

IN THE ASHLAND MUNICIPAL COURT, ASHLAND, OHIO
SMALL CLAIMS DIVISION

Plaintiff(s)

Name(s)

Street Address

City, State, Zip Code

Phone Number(s)

Email Address(es) (If Any)

V.

Name(s)

Street Address

City, State, Zip Code

Phone Number(s) (If Known)

Email Address(es) (If Known)

Defendant(s)

**SMALL CLAIMS AMENDED COMPLAINT
(ACTION FOR MONEY ONLY)**

Case No. _____

The defendant(s) owe(s) the plaintiff(s) based upon the following (please check **all** that apply):

- | | | | |
|--------------------------------------|---|--|---|
| <input type="checkbox"/> On account | <input type="checkbox"/> For money lent | <input type="checkbox"/> Breach of contract | <input type="checkbox"/> Rent/deposit |
| <input type="checkbox"/> Wages | <input type="checkbox"/> Bad check | <input type="checkbox"/> Automobile accident | <input type="checkbox"/> Damage to property |
| <input type="checkbox"/> Other _____ | | | |

The Ashland Municipal Court has jurisdiction of this matter because the claim arises in Ashland County, Ohio, or the defendant(s) reside(s) in Ashland County, Ohio. **Please attach complete copies of any contracts, invoices, accounts, bills, or other documents that support your claim.** Reference is made to these attached documents.

WHEREFORE, the plaintiff(s) ask(s) for judgment against the defendant(s), jointly and severally (if more than one defendant), in the sum of \$_____, plus interest from (please check **only** one) the first day of judgment **or** the date (mm/dd/yyyy) of _____, at the rate of _____%, plus court costs. To the best of my knowledge, the defendant(s) is/are not in the military service.

Plaintiff(s)' Signature(s)

Plaintiff(s)' Name(s) (Please Print)

OR

Attorney Signature

Attorney Name Attorney Reg. #

Street Address

City, State, Zip Code

Phone Number Fax Number

Email Address

STATE OF _____)
COUNTY OF _____) ss:

Sworn to and subscribed before me on _____, 20_____.

Deputy Clerk/Notary