

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)

Defendant(s)/  
Counterclaimant(s)

\_\_\_\_\_  
Name(s)  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City, State, Zip Code  
\_\_\_\_\_  
Phone Number(s) (If Known)  
\_\_\_\_\_  
Email Address(es) (If Known)

V.

**SMALL CLAIMS COUNTERCLAIM  
(ACTION FOR MONEY ONLY)**

Case No. \_\_\_\_\_

The plaintiff(s) owe(s) the defendant(s)/counterclaimant(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 _____ |   |  |   |

This counterclaim is related to the plaintiff(s)' claim(s), and it is being filed by the defendant(s)/counterclaimant(s) in order to relieve a duplication of effort and time by all involved parties. **Please attach complete copies of any contracts, invoices, accounts, bills, or other documents that support your counterclaim.** Reference is made to these attached documents.

Therefore, the defendant(s)/counterclaimant(s) demand(s) judgment against the plaintiff(s), jointly and severally (if more than one plaintiff), in the sum of \$\_\_\_\_\_, plus interest from (please check **only** one)  the first day of judgment **or**  the date of \_\_\_\_\_, 20\_\_\_\_, at the rate of \_\_\_\_\_%, plus court costs.

\_\_\_\_\_  
Defendant(s)/Counterclaimant(s)' Signature(s)  
\_\_\_\_\_  
Defendant(s)/Counterclaimant(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