

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

Plaintiff(s)' Name(s)

Name(s)

V.

V.

Defendant(s)/Crossclaimant(s)' Name(s)

Street Address

City, State, Zip Code

Phone Number(s) (If Known)

Email Address(es) (If Known)

Crossclaim
Defendant(s)

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

Case No. _____

The crossclaim defendant(s) owe(s) the defendant(s)/crossclaimant(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 crossclaim is related to the plaintiff(s)' claim(s), and it is being filed by the defendant(s)/crossclaimant(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 crossclaim.** Reference is made to these attached documents.

Therefore, the defendant(s)/crossclaimant(s) demand(s) judgment against the crossclaim defendant(s), jointly and severally (if more than one crossclaim defendant), 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)/Crossclaimant(s)' Signature(s)

OR

Attorney Signature

Defendant(s)/Crossclaimant(s)' Name(s) (Please Print)

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