

**SMALL CLAIM COMPLAINT**

**NAME** \_\_\_\_\_, PLAINTIFF

**MOUNT VERNON MUNICIPAL COURT**

PLAINTIFF'S NAME

**KNOX COUNTY**

**ADDRESS**

**MOUNT VERNON, OHIO**

PLAINTIFF'S STREET ADDRESS

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

PLAINTIFF'S CITY

STATE ZIP

**TELEPHONE #**

TELEPHONE NUMBER

CASE NO. \_\_\_\_\_

**NAME** \_\_\_\_\_, DEFENDANT

DEFENDANT'S NAME

**ADDRESS**

DEFENDANT'S STREET ADDRESS

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

DEFENDANT'S CITY

STATE ZIP

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**

ACCOUNT – EXHIBIT "A" ATTACHED AND MADE A PART HEREOF  WAGES \_\_\_\_\_

OTHER **REASON FOR FILING** \_\_\_\_\_

Wherefore plaintiff prays judgment against defendant in the sum of \$ **AMOUNT** \_\_\_\_\_, plus interest from the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at the rate of **3%** \_\_\_\_\_ % and costs.

STATE OF OHIO, COUNTY OF **KNOX** } ss. **AFFIDAVIT OF COMPLAINANT'S CLAIM**

**YOUR NAME** \_\_\_\_\_

, being first duly sworn, on oath states that **HE / SHE** \_\_\_\_\_

the Plaintiff in the above entitled cause; that the said cause is for the payment of money that the nature of 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 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'S NAME** \_\_\_\_\_ (2) \_\_\_\_\_  
Defendant Defendant

**ADDRESS**

Street and Number

Street Number

**CITY, STATE, ZIP**

City, State, Zip

City, State, Zip

**YOUR NAME** \_\_\_\_\_

ask(s) judgment in this court against you for

**DOLLAR AMOUNT WRITTEN OUT**

\_\_\_\_\_ dollars (\$ **AMOUNT** \_\_\_\_\_), plus interest from the

day of \_\_\_\_\_, 20\_\_\_\_ at the rate of **3%** \_\_\_\_\_ % and costs, upon the following claim: \_\_\_\_\_

**REASON FOR FILING** \_\_\_\_\_

The court will hold trial on this claim in the Small Claims Division located at 5 NORTH GAY STREET, 3<sup>rd</sup> FLOOR, MOUNT VERNON MUNICIPAL COURT, Mount Vernon, Ohio at 9:30 o'clock A.M. on Monday the \_\_\_\_\_ day of \_\_\_\_\_, 2015.

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.

\_\_\_\_\_  
Clerk – Deputy Clerk, Small Claims Division