

Please **PRINT**

SMALL CLAIMS QUESTIONNAIRE

Hon. Mark B. Reddin, Judge

PLAINTIFF (Person filing complaint)

Name: _____
 Individual Partnership Corporation Individual Partnership Corporation

Address: _____

Tel. (Hm) _____ (Wk) _____ If more Plaintiffs on back X here:

DEFENDANT (Person being sued)

Name: _____
 Individual Partnership Corporation Individual Partnership Corporation

Address: _____

Tel. (Hm) _____ (Wk) _____ If more Defendants on back X here:

Military Status. Is the defendant in the military? Yes No I don't know.

Claim. Place where it occurred (X one): city village township of _____,
 _____ County, Ohio.

Facts. A brief statement of the claim (where, when, what, who & how much):

Statement continues on back. Total amount claimed: \$ _____.

I waive any amount over the small claims limit of \$3,000.00.

DO YOU UNDERSTAND THAT: (1) If you are awarded a judgment and defendant fails to pay it, **you** will have to take further action to collect it? (2) Your filing fee will not be returned to you until the losing party pays the costs (R.C. 1901.26(F))? Yes No

I understand that I am required to appear to present my case on the assigned court date. If I fail to appear, I understand that the case will be dismissed and my deposit will be applied to the costs. Yes No

In the event that the certified mail is "unclaimed" or "refused," please reissue by ordinary mail with certificate of mailing.

Date ____/____/____

 Your signature (title with company)

