

SMALL CLAIMS COMPLAINT

Miami County Municipal Court
201 West Main Street
Troy, Ohio 45373
Phone (937) 440-3919
Fax (937) 440-3537

Plaintiff's Phone no. _____

VS

Web Page: <http://www.co.miami.oh.us/muni/index.htm>
Public Access: <http://www.co.miami.oh.us/pa/index.htm>

Case No. _____ CVIT _____

(SUBMIT ORIGINAL AND ONE COPY FOR EACH DEFENDANT)

Defendant's Phone no. _____

TO THE CLERK:

Please take notice that a claim is hereby filled against the above defendant(s) and request that he (they) be summoned to appear in Court to answer same.

STATEMENT OF CLAIM

Wherefore plaintiff prays judgement against defendant(s) in the sum of \$, plus interest from , at the rate of % and costs.

STATE OF OHIO)
COUNTY OF MIAMI) ss.

AFFIDAVIT OF COMPLAINANTS CLAIM

, being duly sworn, on oath states that 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