IN THE MUNICIPAL COURT OF CHILLICOTHE SMALL CLAIMS DIVISION

Name of Person or Business Making Claim		
Address		SMALL CLAIMS COMPLAINT
City - State - Zip Code	Phone No.	
vs.		Case No.
Defendant(s) Name		
Address		
City - State - Zip Code	Phone No.	
TO THE CLERK: Please take notice that a claim summoned to appear in Court to a		st the above defendant(s) and request that she/he/they be
Tr to the contract of the		NT OF CLAIM
☐ ACCOUNT — EXHIBIT A☐ OTHER ————————————————————————————————————	ATTACHED AND	MADE A PART HEREOF WAGES
_ OTHER		
		ndant in the sum of \$, plus interest from
theday of	, 20_	, at the rate of % and costs.
STATE OF OHIO)	
STATE OF OHIO COUNTY OF)) ss.	AFFIDAVIT OF COMPLAINANT'S CLAIM
in the above entitled cause, that	the said cause is f there is due to pla	y sworn, on oath states that ' the Plaintiff for the payment of money, that the nature of plaintiff's aintiff from the defendant the amount stated above; service of the United States.
PLEASE CHECK ONE BOX:	☐ Plaintiff is a	n individual filing own case. Sole Proprietorship or a Partner in a Partnership Corporation or a Limited Liability Co.
		Plaintiff / Attorney for Plaintiff
Subscribed and sworn	to before me this _	day of, 20
1. he is, she is, they are		Clerk, Deputy Clerk, Notary Public
	FAILURE OF SERVICE	ENDORSEMENT OF "REFUSED" OR "UNCLAIMED", THE BY THE CLERK AND REQUESTS ORDINARY MAIL SERVICE IN
		Plaintiff/Attorney for Plaintiff

THE COURT'S DRESS CODE IS STRICTLY ENFORCED. IF YOU FAIL TO COMPLY, YOU WILL BE ASKED TO LEAVE THE COURT AND RETURN IN PROPER ATTIRE. NO EXCEPTIONS. FOR MORE INFORMATION, CONSULT OUR WEBSITE AT WWW.CHILLICOTHEMUNICIPALCOURT.ORG