

DARKE COUNTY MUNICIPAL COURT
504 SOUTH BROADWAY, SUITE 7
GREENVILLE, OHIO 45331
JUDGE JULIE L. MONNIN
937.547.7340

EVICITION COMPLAINT

(FORCIBLE ENTRY & DETAINER; RENT; AND DAMAGES)

CASE NO. 24 - CVG - 001 - _____

NOTICE: You must be the owner of the rental property subject to this Eviction Complaint. If the rental property is owned by a corporation or limited liability company (LLC), you must obtain an attorney to file the Eviction Complaint on the company's behalf.

If you are a POA filing on behalf of the rental property owner, you must file a copy of the Power of Attorney with this Eviction Complaint.

Please Note: If you have more than **one (1) Plaintiff** or **one (1) Defendant**, you must attach the Additional Parties Form to this complaint.

PLAINTIFF #1 NAME	VS.	DEFENDANT #1 NAME
ADDRESS		ADDRESS
CITY, STATE & ZIP CODE		CITY, STATE & ZIP CODE
PHONE NUMBER (REQUIRED)		PHONE NUMBER (REQUIRED)

RESTITUTION & POSSESSION OF RENTAL PROPERTY:

1. My name is _____, hereinafter referred to as Plaintiff(s), and I own the rental property located at _____, hereinafter referred to as rental property, situated in Darke County, Ohio.

2. On ___ / ___ / 20___, I rented the rental property to the Defendant(s). The rental agreement was:
(Circle the appropriate)
A. An oral month to month agreement.
B. A written agreement.

3. Ever since ___ / ___ / 20___, the Defendant(s) has/have unlawfully and forcibly held over their term because:
(Circle the appropriate)
A. The Defendant(s) has/have not paid as required by the terms of the rental agreement;
B. The Defendant(s) breached specific terms of the rental agreement;
C. The Defendant(s) has/have failed to comply with Ohio Landlord/Tenant law; or
D. The term of the tenancy has ended.

4. On ___ / ___ / 20___, I duly served on the Defendant(s) the required statutory Notice to Leave Premises, which **must be attached** to this Eviction Complaint at time of filing. Service of this statutory notice was made on Defendant(s) by: (Circle the appropriate)
- A. Certified mail, return receipt requested (**you must provide a copy of the signed return receipt**);
 - B. Handing a written copy of the notice to the Defendant(s) in person; or
 - C. Leaving a written copy of the notice at the Defendant(s) usual place of abode or at the rental property.

MONETARY DAMAGES:

- 5. The Plaintiff(s) repeat(s) everything in Paragraphs 1 through 4.
- 6. Defendant(s) owe(s) the Plaintiff(s) the sum of \$_____ for back rent only, plus any future unpaid rent up to the date Defendant(s) vacate(s) the rental property. The monthly rental amount is \$_____. Defendant(s) paid a security deposit in the amount of \$_____.
- 7. Defendant(s) may owe(s) the Plaintiff(s) for physical damage to the rental property, unpaid utility bills, late fees, extraordinary cleaning expenses and any other physical or monetary damages caused by their tenancy, the amount of which is undetermined at this time and will be presented in evidence form to the Court at the Monetary Damage hearing.

WHEREFORE, Plaintiff(s) asks for judgment against the Defendant(s) as follows:

- A. Restitution/Possession of the rental property;
- B. Money judgment for back rent, plus any further unpaid rent up to the date Defendant(s) vacate(s) the rental property;
- C. Money judgment for damages in an amount to be determined at the Monetary Damages hearing, once Defendant(s) vacate the rental property; and
- D. Court costs and any other relief the Court deems appropriate.

Please Note: Your signature must be witnessed by a Notary Public or Approved Court Personnel, please do not sign until you are in their presence.

STATE OF OHIO, DARKE COUNTY, SS:

I swear the facts stated in this Complaint are within my personal knowledge and are true as I believe.

Plaintiff #1 Signature

To be completed by the Court or Notary Public:

Sworn to and signed in my presence on ___ / ___ / 2024.

Deputy Clerk / Notary Public

The eviction complaint form is provided to the public as a courtesy of the court. If you have any questions, you must seek the advice of an attorney. The clerks cannot give you any legal advice.



Scan this QR code to access additional Legal Aid Resources or visit ohiolegalhelp.org

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ADDITIONAL PARTIES FORM

CASE NO. 24 - CVG - 001 - _____

Please complete this section for any additional **Plaintiffs**:

PLAINTIFF #2 NAME

ADDRESS

CITY, STATE & ZIP CODE

PHONE NUMBER (REQUIRED)

PLAINTIFF #3 NAME

ADDRESS

CITY, STATE & ZIP CODE

PHONE NUMBER (REQUIRED)

Please Note: Your signature below must be witnessed by a Notary Public or Approved Court Personnel, please do not sign until you are in their presence.

STATE OF OHIO, COUNTY OF DARKE, SS:

I swear the facts stated in this Complaint are within my personal knowledge and are true as I believe.

Plaintiff #2 Signature

Plaintiff #3 Signature

To be completed by the Court or Notary Public:

Sworn to and signed in my presence on ___ / ___ / 2024.

Deputy Clerk / Notary Public

Please complete this section for any additional **Defendants**:

DEFENDANT #2 NAME

ADDRESS

CITY, STATE & ZIP CODE

PHONE NUMBER (REQUIRED)

DEFENDANT #3 NAME

ADDRESS

CITY, STATE & ZIP CODE

PHONE NUMBER (REQUIRED)