

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

SMALL CLAIMS COMPLAINT

CASE NO. 24 - CVI - 001 - _____

Please Note: If you have more than **one (1) Plaintiff** or **one (1) Defendant**, you must use the Additional Parties Form on the back side of 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) |

Plaintiff(s) is/are seeking judgment against Defendant(s) for the following amount \$ _____.

Nature of Claim: _____
(rent, account, business account, debt, etc.)

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:

1. Is the defendant currently on active military duty: (circle one) **YES** **NO**
2. I waive notification and request the Court to send the required documents by ordinary mail, evidenced by certificate of mailing, if certified mail is returned refused or unclaimed.
3. 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



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

Deputy Clerk

Filing Fee: \$53.00 \$78.00 \$103.00

Revision Date: 01.04.2024

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ADDITIONAL PARTIES FORM

CASE NO. 24 - CVI - 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)