

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

SMALL CLAIMS COMPLAINT

CASE NO. ___ - 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 ___ / ___ / ____.

Deputy Clerk / Notary Public



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Deputy Clerk

Filing Fee: \$67.00 \$92.00 \$117.00

Revision Date: 11.21.2024

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ADDITIONAL PARTIES FORM

CASE NO. ___ - CVI - 001 - _____

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

PLAINTIFF #2 NAME

PLAINTIFF #3 NAME

ADDRESS

ADDRESS

CITY, STATE & ZIP CODE

CITY, STATE & ZIP CODE

PHONE NUMBER (REQUIRED)

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 ___ / ___ / ____.

Deputy Clerk / Notary Public

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

DEFENDANT #2 NAME

DEFENDANT #3 NAME

ADDRESS

ADDRESS

CITY, STATE & ZIP CODE

CITY, STATE & ZIP CODE

PHONE NUMBER (REQUIRED)

PHONE NUMBER (REQUIRED)

Revision Date: 11.21.2024