

SMALL CLAIMS FORM INSTRUCTIONS

1. Small Claims may be filed for money only.
2. The following actions **MAY NOT** be filed in small claims court:
libel, slander, replevin, malicious prosecution, abuse of process; or as assignee or agent except for recovery of taxes by a political subdivision; or actions for the recover of punitive or exemplary damages.
3. If you are filing a complaint you are the plaintiff.
Enter the date on the appropriate line.
Enter your information under plaintiff.
Enter additional plaintiff.
If more than three (3) attach a separate page.
4. The person or company you are suing is the defendant.
Enter all information for each defendant.
Indicate the military status of each defendant.
If more than three (3) attach a separate page.
5. State your claim in clear, concise, nontechnical terms.
State the dollar amount of your claim.
State the interest rate and date of interest.
6. **IMPORTANT - YOUR COMPLAINT FORM MUST BE NOTARIZED**
 - a. You may personally deliver it to the Clerk of Court's Office .
(DO NOT SIGN IT IN ADVANCE)
 - b. You may mail it after having it notarized by a Notary Public
or other person authorized to administer oaths.
7. Mail or deliver your complaint with the required filing fee to:

Office of: Erik A. Breunig
Clerk of Elyria Municipal Court
601 Broad Street
Elyria, OH 44035

Filing fee: One defendant \$ 112.00
 Additional defendants \$ 10.00 each
8. Your hearing will be scheduled not sooner than fifteen (15) days nor more than forty-five (45) days from the date of filing of your complaint. You will be notified of your hearing date. All small claims hearings are held on the second floor of the Municipal Court located at 601 Broad Street, Elyria, Ohio 44035.

ELYRIA MUNICIPAL COURT - SMALL CLAIMS INFORMATION AND COMPLAINT FORM

Deliver or Mail to:

Filing Fee: One Defendant \$ 112.00
 Additional Defendants: 10.00 ea
 (Fee must accompany filing)



Clerk of Elyria Municipal Court
 Civil Division
 601 Broad Street
 Elyria, OH 44035

Case Number: _____
 (Assigned by the Clerk's Office)

Date: _____

Identify any Defendants presently in the Military Service of the United States

Plaintiff (1)	_____	Defendant (1)	_____
Address	_____	Address	_____
City, State, Zip	_____	City, State, Zip	_____
Telephone No.	_____	Telephone No.	_____

Military Service Yes No

Plaintiff (2)	_____	Defendant (2)	_____
Address	_____	Address	_____
City, State, Zip	_____	City, State, Zip	_____
Telephone No.	_____	Telephone No.	_____

Military Service Yes No

Plaintiff (3)	_____	Defendant (3)	_____
Address	_____	Address	_____
City, State, Zip	_____	City, State, Zip	_____
Telephone No.	_____	Telephone No.	_____

Military Service Yes No

COMPLAINT

State your claim in clear, concise, non-technical terms (use additional paper if needed)

AMOUNT OF CLAIM: \$ _____, with interest at the rate of _____ % from _____ plus court costs.
 (Cannot exceed \$6,000.00)

The above complaint is true to the best of my knowledge and belief. _____
 (Signature of plaintiff or plaintiff's attorney)

Sworn to and subscribed before me this _____ day of _____, 20____.