

STATE OF INDIANA)
)
COUNTY OF MARION)

Center Township of Marion County
Small Claims Court
300 E. Fall Creek Pkwy N. Dr. #130
Indianapolis, Indiana 46205
(317) 920-4530

CAUSE NO.: 49K01- _____ - SC- _____

_____)
_____)

Counter-Claimant (Original Defendant name,
address, phone)

vs)

COUNTERCLAIM

_____)
_____)

Counter-Defendant (Original Plaintiff name,
address, phone)

The Defendant hereby files a Counterclaim against the Plaintiff. (This Counterclaim, and your original claim, will be heard on the same date, time and place as your original claims. The Court may enter a default judgment against you on the Counterclaim if you fail to appear.)

A brief statement of the nature of this Counterclaim against you is as follows: _____

(Attach document(s) that support the above statements.)

The Defendant requests judgments against the Plaintiff for \$ _____, and court costs.

Date

Signature of Counter-Claimant

Certificate of Service

I hereby certify that I served a copy of this Counterclaim on ___ / ___ / ___ by depositing the same in First Class US Mail, postage prepaid, addressed to:

Signature of Counter-Claimant

**COUNTERCLAIM MUST BE FILED AND SERVED TO THE COUNTER-DEFENDANT
AT LEAST 7 DAYS PRIOR TO TRIAL DATE**