

STATE OF INDIANA)
) SS:
COUNTY OF MARION)

IN THE SMALL CLAIMS COURT OF

Pike Township

5665 Lafayette Rd, Ste. B
Indianapolis, In 46254

Phone: 317-293-1842
Fax: 317-290-8319

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

Cause No. 49K05-_____

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 claim. 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 statement.)

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

Date

Signature of Attorney or Pro Se Party

CERTIFICATE OF SERVICE

I hereby certify that I served a copy of this Motion on ___ / ___ / ___ by placing a copy in the United States Mail, First Class, postage prepaid, addressed to:

Signature of Attorney or Pro Se Party