

# SAMPLE FORM AND INFORMATION

**Small Claims Court is for money damages only, up to \$6,000.**

FRANKLIN COUNTY MUNICIPAL COURT  
SMALL CLAIMS DIVISION

Case No. \_\_\_\_\_ CV I \_\_\_\_\_

Individuals, corporations, or partnerships living or doing business in Franklin County, Ohio can sue and be sued in Small Claims Court.

\_\_\_\_\_  
Your First and Last Name  
\_\_\_\_\_  
Your Street Address  
\_\_\_\_\_  
City, State, and Zip Code  
\_\_\_\_\_  
Your Phone Number

\_\_\_\_\_  
The Other Party's Name  
\_\_\_\_\_  
Other Party's Street Address  
\_\_\_\_\_  
City, State, and Zip Code  
\_\_\_\_\_  
Other Party's Phone Number

\_\_\_\_\_  
Plaintiff(s) Name, Address, ZIP Code, and Telephone Numbers

\_\_\_\_\_  
Defendant(s) Name, Address, ZIP Code, and Telephone Numbers

**Individuals**

Must be 18 years or older. It is important to accurately list the name and address of each plaintiff and defendant in the lawsuit. Do not use nicknames. If there are multiple individuals in the lawsuit please list each name and address separately.

- (1) Has this dispute been to mediation?  Yes  No  
 (2) Is the Defendant currently in the United States Military Service?  Yes  No  
 (3) The Summons (Defendant's Notice of the Complaint) will be sent by certified mail. If you waive notice of failed service and the certified mail is returned as "Refused" or "Unclaimed," the Court will resend by ordinary mail and set a new trial date. Do you want to waive notice of failed service?  Yes  No
- COMPLAINT**

Answer "Yes" or "No" to these three questions.

Explain why the Defendant(s) owe you money.  
  
How, when, and where did the claim arise?  
  
**This should be a brief statement!**

**Partnerships**

A general partner or an attorney may represent a partnership in Small Claims Court. The names and addresses for most Ohio partnerships are registered with the Franklin County Recorder's Office.

**Corporations**

A corporation may sue or be sued in its own name. Only an attorney may present legal arguments or file motions and collections paperwork on behalf of a corporation. Corporations, their statutory agents, and addresses, are registered with the Ohio Secretary of State.

*Please use an additional page if necessary*

Plaintiff demands judgment against Defendant in the sum of \$ Dollar Amount, plus court costs and interest.

**COMPLAINANT'S OATH**

Write First and Last Name of Each Plaintiff \_\_\_\_\_ (print first and last name), is (check one)  Plaintiff  Plaintiff's attorney  an officer or salaried employee of the Plaintiff corporation. Complainant also states the following:

"I declare under penalty of law that this Complaint is true and correct to the best of my knowledge."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Plaintiff, Plaintiff's attorney, or Plaintiff's officer or salaried employee.  
 Attorney Registration #: \_\_\_\_\_

Each Plaintiff Must Sign and date the Complaint!

**What Happens Next?**

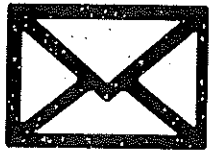
**Watch your Mail!** The hearing date will be scheduled once the complaint is filed.

# CONFUSED ABOUT QUESTION #3?

## If you select YES to Question #3



You give **the court** the permission to resend the summons and complaint by ordinary mail if the certified mail is returned as "Refused" or "Unclaimed"



The court will resend the summons and complaint automatically with **no additional work required by you** if the certified mail is returned "Refused" or "Unclaimed"



There will be **no added court costs** if you choose to select yes



Also, **YOU MUST** check 'Waiver of Notification of failure' line on 'New Civil Case Filing' cover sheet if you select Yes

## If you select NO to Question #3



**You will be** notified about failed service and **you will be responsible** for requesting the court to resend the summons and complaint



**You must do additional work** because you must give the court further instructions on how you want to proceed



You may have to **pay additional court fees** if you choose to select no



**DO NOT** check 'Waiver of Notification of failure' line on 'New Civil Case Filing' cover sheet if you select No

FRANKLIN COUNTY MUNICIPAL COURT  
SMALL CLAIMS DIVISION

Case No. \_\_\_\_\_ CV I \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plaintiff(s) Name, Address, ZIP Code, and Telephone Numbers

Defendant(s) Name, Address, ZIP Code, and Telephone Numbers

- (1) Has this dispute been to mediation? [ ] Yes [ ] No
- (2) Is the Defendant currently in the United States Military Service? [ ] Yes [ ] No
- (3) The Summons (Defendant's Notice of the Complaint) will be sent by certified mail. If you waive notice of failed service and the certified mail is returned as "Refused" or "Unclaimed," the Court will resend by ordinary mail and set a new trial date. Do you want to waive notice of failed service? [ ] Yes [ ] No

**COMPLAINT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please use an additional page if necessary.*

Plaintiff demands judgment against Defendant in the sum of \$ \_\_\_\_\_, plus court costs and interest.

**COMPLAINANT'S OATH**

\_\_\_\_\_ (print first and last name), is  
(check one) [ ] Plaintiff [ ] Plaintiff's attorney [ ] an officer or salaried employee of the Plaintiff corporation. Complainant also states the following:

**"I declare under penalty of law that this Complaint is true and correct to the best of my knowledge."**

Do you need an interpreter? Select language.

- español (Spanish)
- العربية (Arabic)
- 普通话 (Mandarin)
- русский (Russian)
- Sign Language
- Français (French)
- Soomaali (Somali)
- खस भाषा (Nepali)
- አማርኛ (Amharic)
- Tigrigna (Tigrinya)
- Other \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Plaintiff, Plaintiff's attorney, or Plaintiff's officer or salaried employee.

Attorney Registration #: \_\_\_\_\_

**NEW CIVIL CASE FILING COVERSHEET**

**LORI M TYACK, CLERK OF COURTS  
FRANKLIN COUNTY MUNICIPAL COURT**

**THIS COVER SHEET MUST BE COMPLETED FOR ALL NEW CASE FILINGS**

(Please check all that apply)

**CASE TYPE:**

|       |       |  |          |
|-------|-------|--|----------|
| _____ | "E"   | Personal Injury/Property Damage                  | \$116.00 |
| _____ | "F"   | Contracts/Notes/Accounts                         | \$116.00 |
| _____ | "F"   | Cognovit   | \$116.00 |
| _____ | "H"   | 12 Point / Non-Compliance Petitions/Out-of-State | \$116.00 |
| _____ | "H"   | BMV Reinstatement Plan                           | \$ 20.00 |
| _____ | "H"   | Certificate of Judgment                          | \$ 84.00 |
| _____ | "H"   | Declaratory Judgment                             | \$116.00 |
| _____ | "I"   | Small Claims                                     | \$ 71.00 |
| _____ | "P"   | Parking Violations Bureau Petition               | \$116.00 |
| _____ | "CV_" | Change of Venue                                  | \$ 97.00 |
| _____ | "EV_" | Civil Environmental                              | \$116.00 |

**SERVICE TYPE:** (per each Defendant)

|       |                                    |  |
|-------|------------------------------------|--|
| _____ | Certified Mail                     | \$10.00  |
| _____ | Bailiff Service                    | \$25.00 (Franklin County Residents ONLY. Instructions must be filled out.) |
| _____ | FedEx                              | \$15.00  |
| _____ | Personal/Residence Process Service | \$25.00 (must include approval entry)                                      |
| _____ | Waiver of Notification of Failure  | (Form CV-81 MUST be completed)   |

**EVICCTIONS**

**CASE TYPE:**

|       |     |  |          |
|-------|-----|--|----------|
| _____ | "G" | F.E.D. 1 Cause of Action (EVICITION ONLY)        | \$128.00 |
| _____ | "G" | F.E.D. 2 Causes of Action (EVICITION WITH MONEY) | \$165.00 |

**NOTE: The above filing fees include Ordinary Mail service PLUS one of the choices below for up to 3 Defendants and/or addresses. Requests for additional Defendants and/or addresses will be charged additional service fees based on the current court fee schedule.**

**ORDINARY MAIL SERVICE WITH ADDITIONAL**

|       |                 |   |
|-------|-----------------|---|
| _____ | Bailiff Service | (Instructions must be filled out.)      |
| _____ | Certified Mail  | (Must be signed for to perfect service) |
| _____ | Process Server  | (Must include Approval Entry)           |

Signature of Filing Party: \_\_\_\_\_ Phone #: \_\_\_\_\_

Defendant Phone # (if available): \_\_\_\_\_

*\*Provision of phone number may assist the court if problems are encountered*

**PLEASE PRESENT COMPLETED FORM WITH ORIGINAL & SERVICE COPIES TO CASHIER. MAKE CHECKS OR MONEY ORDERS PAYABLE TO FRANKLIN COUNTY MUNICIPAL COURT, or FCMC. ANY RETURNED CHECKS WILL BE CHARGED A \$25.00, RETURNED CHECK FEE.**