

STATE OF INDIANA)
) SS:
COUNTY OF MARION)

IN THE SMALL CLAIMS COURT OF

Washington Township

5302 N. Keystone Ave., Ste. E
Indianapolis, In 46220

Phone: 317-327-8184
Fax: 317-327-8190

Cause No. 49K07- _____

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

vs.

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

COUNTERCLAIM

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