

STATE OF INDIANA)
) SS:
COUNTY OF MARION)

IN THE SMALL CLAIMS COURT OF PERRY
TOWNSHIP
4925 S. SHELBY STREET, SUITE 100
INDIANAPOLIS, IN 46227
PH: 317-786-9242; FAX 317-788-4826

Cause # 49K04-_____

**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 _____ @ _____ A.M., at Perry Township Small Claims Court 4925 S. Shelby Street, Indianapolis, IN 46227; Ste 100. 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