

SMALL CLAIM COUNTERCLAIM INFORMATION SHEET

Case No.: _____

Date: _____

Counterclaimant(s) _____

Defendant(s) _____

Address _____
(Street and Number)

Address _____
(Street and Number)

(City, Village or Township)

(City, Village or Township)

(State and Zip Code)

(State and Zip Code)

Telephone No.: _____

Telephone No.: _____

Is DEFENDANT presently in the military or naval service of the United States? _____
(Yes or No)

COUNTERCLAIM: _____

AMOUNT CLAIMED \$ _____, with interest at the rate of _____%, from
the _____ day of _____, 20____.

The above counter complaint is true to the best of my belief.

Prepared by: _____

(Counterclaimant)