IN THE DELAWARE MUNICIPAL COURT, DELAWARE COUNTY, OHIO
70 North Union Street, Delaware, Ohio 43015 • Voice: 740.203.1560 • Facsimile: 740.203.1599 • www.municipalcourt.org

* Name of Plaintiff(s)		<u>Instructions:</u> Please, type or print all information. If additional space is required, additional sheets may be attached.			
			*		Provide a brief description of the basis for the complaint in the
Street Address * City, State Zip Plaintiff(s)		space provided and attach any documents upon which the complaint is based. Complaints that are incomplete, unfounded, or lack required attachments are subject to dismissal. Other proper forms are accepted. This form is not legal advice; for advice you must confer with an attorney.			
			vs.		CASE NO: CVI
			*		
Name of Defendant (1) *		Name of Defendant (2)			
Street Address		Street Address			
* City, State Zip		City, State Zip			
Telephone No. / email	Defendant	Telephone No. / email Defendant			
Small	Claims Complaint and Req	uest for Service per R.C. §§ 1925.04-05.			
Plaintiff(s) demand(s) judgment					
• • • • • • • • • • • • • • • • • • • •		d or refused, then by ordinary mail. [] nent(s), and/or further narrative, is/are part of this complaint.			
Signature of Plaintiff / Attorney for Plaintiff		Print name of attorney for Plaintiff (if filed by attorney.) SCR#			
*					
Plaintiff/Attorney phone number		Attorney Address (if filed by attorney)			
*					
Plaintiff/Attorney email / facsimile number		Attorney City, State Zip (if filed by attorney)			
*Line/area must be completed.		Subscribed and sworn/affirmed before me on the date shown			
WebCV S Claim Complaint 032013 FT					
©2010, 2013 K. Pelanda Ver 07Nov16		Cindy Dinovo, Clerk / Deputy Clerk / Notary Public Date			