

215 N. Grant St.  
Wooster, Ohio 44691  
PH: 330-287-5668  
Fax 330-345-3625

207 N. Main St.  
Orrville, Ohio 44667  
PH: 330-682-8624

### Small Claims Information Sheet

Date: \_\_\_\_\_

Plaintiff \_\_\_\_\_

Defendant \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_

(City, State Zip)

(City, State Zip)

Telephone No : \_\_\_\_\_

Telephone No : \_\_\_\_\_

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

Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AMOUNT CLAIMED \_\_\_\_\_ with the interest rate of \_\_\_\_% from the \_\_\_\_ day of \_\_\_\_\_ 20\_\_.

The above is true to the best of my belief \_\_\_\_\_.

*Signature*

Prepared by: \_\_\_\_\_

*Signature*