

**Huron Municipal Court**  
**417 Main Street**  
**Huron, Ohio 44839**  
**Phone (419)433-5430 Fax (419)433-3272**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

**SMALL CLAIM COMPLAINT**

CASE NO. \_\_\_\_ CVI \_\_\_\_

**Plaintiff(s)**  
VS.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

**Defendant(s)**

**Defendant(s)**

TO THE CLERK:

Please take notice that a claim is hereby filed against the above defendant(s) and request that he/she/they be summoned to appear in the Court to answer same.

**STATEMENT OF CLAIM**

(Check one – If “other” is checked, write a brief statement of your claim)

\_\_\_\_ Account – Exhibit “A” Attached and made a part hereof

\_\_\_\_ Other \_\_\_\_\_

Wherefore plaintiff prays judgment against defendant(s) in the sum of \$ \_\_\_\_\_, plus interest from the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at a rate of \_\_\_\_\_% and costs.

STATE OF OHIO

COUNTY OF ERIE

}  
} SS.

**AFFIDAVIT OF PLAINTIFF’S CLAIM**

\_\_\_\_\_, being first duly sworn, of oath states that he is/she is/they are/or agent for the plaintiff(s) in the above entitled cause; that the said cause is for the payment of money, that the nature of plaintiff’s demand is as stated, and that there is due to plaintiff(s) from the defendant(s) the amount stated above; defendant(s) is/are not now in the military or naval service of the United States.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Plaintiff’s Signature

\_\_\_\_\_  
Clerk/ Deputy Clerk/ Notary Public

## **IN THE HURON MUNICIPAL COURT**

### **PRAECIPE FOR REGULAR MAIL SERVICE**

In the Event service of process by certified mail is returned by the postal authorities with an endorsement of “refused” or “unclaimed”, the undersigned waives notice of same by the clerk and requests ordinary mail service in accordance with civil rule 4.6( c) or 4.6 (d).

---

Plaintiff

If a second attempt for service is required, a \$15.00 fee will be assessed.

## **Filing a Small Claims Complaint**

1. The Cost to file is \$65.00 for one defendant and \$10.00 for each additional defendant. Payment must be by certified check, money order or company check, made payable to Huron Municipal Court.
2. The Defendant must live in Huron or Huron Township or the transaction must have taken place in Huron or Huron Township.
3. You must have a correct mailing address for the defendant.
4. The maximum amount allowable by law to claim is \$6,000.00, **excluding** court costs.
5. To file: complete and mail the small claim complaint (attached herein) with the required costs for filing. The Complaint form must be signed by the party bringing the action. Your signature must be witnessed by either a notary public or by a clerk of the Huron Municipal Court.
6. Court hearings will be held approximately 28 days from the date of filing on a regular scheduled court day (typically, a Tuesday or a Friday) at 10:30 AM. You will receive notice from the court of the date and time of the small claims hearing.

If you have any questions, please do not hesitate to call the court at (419) 433-5430.

You may mail all forms and attached papers to:      Huron Municipal Court  
417 Main Street  
Huron, Ohio 44839