

STATE OF INDIANA)
) SS:
COUNTY OF ADAMS)

IN THE ADAMS SUPERIOR COURT
SMALL CLAIMS DOCKET
CAUSE NO. 01D01- - SC-

**Counter-Claimant (Original Defendant name,
address, phone),**

vs.

COUNTERCLAIM

**Counter-Defendant (Original Plaintiff name,
address, phone).**

The Defendant hereby files a Counterclaim against the Plaintiff. (This Counterclaim, and your original claim, will be heard on the same date, time and place as your original claim. 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