

**JIM LARIA, CLERK
AKRON MUNICIPAL COURT
SMALL CLAIMS FORM**

PLAINTIFF(S)

DEFENDANT(S)

NAME _____
ADDRESS _____

NAME _____
ADDRESS _____

PHONE _____

PHONE _____

NAME _____
ADDRESS _____

NAME _____
ADDRESS _____

PHONE _____

PHONE _____

STATEMENT OF THE CLAIM: (In 50 words or less, please explain who you are suing, what the person(s) did or did not do that makes you feel you are owed money, when the incident(s) took place, exactly where the incident(s) took place, and how much you feel the person(s) or others owe you.)

Have you ever filed a suit related to the above incident(s) or named defendant(s)?
YES/NO _____ If **YES**, when and in what court was the suit filed?

PLAINTIFF'S SIGNATURE

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