



IN THE AKRON MUNICIPAL COURT
SUMMIT COUNTY, OHIO

PLAINTIFF(S))	DEFENDANT(S)
NAME _____)	NAME _____
ADDRESS _____)	ADDRESS _____
_____)	_____
PHONE NO. _____)	PHONE NO. _____
E-MAIL _____)	E-MAIL _____
)	
NAME _____)	NAME _____
ADDRESS _____)	ADDRESS _____
_____)	_____
PHONE NO. _____)	PHONE NO. _____
E-MAIL _____)	E-MAIL _____

COMPLAINT

STATEMENT OF CLAIM: (Please explain why you are suing Defendant(s), what the person(s) did or did not do, when the incident took place, exactly where the incident took place, what was damaged (if applicable) and why you feel you are owed money from Defendant(s).)

What are the money damages you are claiming? \$ _____

() I have not ever filed suit related to the above incident or named Defendant(s).

() I have filed suit related to the above incident or named Defendant(s). The suit was filed in (name of Court) _____ on (date) _____, 20 ____.

Plaintiff's Signature

Plaintiff's Signature