

DEFENDANT'S ATTORNEY INFORMATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name/Bar#/ Address/Phone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plaintiff(s) Name/Address/Phone

V.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Defendant(s) Name/Address/Phone

CASE NUMBER \_\_\_\_\_  
**COUNTERCLAIM**  
**CIVIL**

PLAINTIFF'S ATTORNEY INFORMATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name/Bar #/ Address/Phone

1. The following named defendant(s): \_\_\_\_\_

having filed an answer to plaintiff's(s') complaint, now counterclaims(s) against the following named plaintiff(s) \_\_\_\_\_

as follows:

2. The Plaintiff(s) owes(s) the sum of \$ \_\_\_\_\_ because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. I am also asking for reimbursement of my court costs and interest at the legal rate from the date of judgment.

4. I state under penalty of perjury that the foregoing is true and correct.

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

\_\_\_\_\_  
*Signature*

**STATEMENT OF SERVICE**

Defendant certifies that a copy of the Counterclaim will be mailed/delivered to the Plaintiff(s) or Plaintiff's Attorney at the address listed.

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

\_\_\_\_\_  
*Signature*

**TO PLAINTIFF(S): You have twenty (20) days to respond to this counterclaim by filing a written answer. If you fail to do so, a default judgment may be entered against you for the relief sought by the party filing the counterclaim.**