

**GARFIELD HEIGHTS MUNICIPAL COURT**  
**SMALL CLAIMS THIRD PARTY COMPLAINT**

Case No. \_\_\_\_\_

Clerk's Time Stamp
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**THIRD PARTY PLAINTIFF(S)**

**VS.**

**THIRD PARTY DEFENDANT**

Defendant \_\_\_\_\_

Third Party Defendant \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

1. To the best of Third Party Plaintiff's knowledge, is the Third Party Defendant currently in the military service of the United States? ( ) Yes ( ) No

2. Is the Third Party Plaintiff seeking relief for damages to a motor vehicle? ( ) Yes ( ) No

- Is the Third Party Plaintiff's name listed on the title as the owner? ( ) Yes ( ) No (The title must be presented at of trial)
- Does the Third Party Plaintiff have two repair estimates? ( ) Yes ( ) No (2 estimates are required at the time of trial)

3. Date of the Incident \_\_\_\_\_

4. Location of Incident \_\_\_\_\_

**STATEMENT OF CLAIM:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Continue on a separate piece of paper, if necessary, and attach to this form.)

Wherefore Third Party Plaintiff prays judgment against Third Party Defendant in the sum of \$ \_\_\_\_\_ (not to exceed \$3,000).

STATE OF OHIO  
COUNTY OF CUYAHOGA

}  
} ss.

**AFFIDAVIT**

\_\_\_\_\_, being first duly sworn, on oath states that he/she is the Third Party Plaintiff in the above entitled cause; that the said cause is for payment of money; that facts and allegations contained in the Statement of Claim are true; and there is due to plaintiff from the defendant the amount stated above.

Signature of Third Party Plaintiff \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

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

**CERTIFICATE OF SERVICE**

I hereby certify that a copy of the foregoing document was served upon (name of recipient) at (recipient's address) by regular US Mail or (other service) on this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address