

**GARFIELD HEIGHTS MUNICIPAL COURT**  
**SMALL CLAIMS CROSS CLAIM**

Clerk's Time Stamp

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

**CROSS CLAIMANT**

**VS.**

**CROSS CLAIM DEFENDANT**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

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

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

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

1. To the best of Cross Claimant's knowledge, is the Cross Claim Defendant currently in the military service of the United States?     Yes     No
  
2. Is the Cross Claimant seeking relief for damages to a motor vehicle?     Yes     No
  - Is the Cross Claimant's name listed on the title as the owner?     Yes     No (The title must be presented at of trial)
  - Does the Cross Claimant 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 Cross Claimant prays judgment against Cross Claim 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 Defendant 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 Defendant from the Plaintiff the amount stated above.

Signature of Cross Claimant \_\_\_\_\_

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