

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 \$6,000).

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