



AKRON MUNICIPAL COURT SMALL CLAIMS CASE DESIGNATION FORM

Case Number:

Plaintiff Information*			Defendant Information*		
First Name:	Middle Initial:	First Name:	Middle Initial:		
Last Name:	Suffix:	Last Name:	Suffix:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
E-mail: (REQUIRED)			E-mail: (REQUIRED)		
Telephone: (REQUIRED)			Telephone: (REQUIRED)		
Plaintiff Attorney (if represented)			SERVICE		
Name:			Service address (if different from property address) Address:		
Address:					
City:	State:	Zip:	City:	State:	Zip:
E-mail: (REQUIRED)					
Telephone: (REQUIRED)			Alternative Service Requested? <input type="checkbox"/> Certified Mail <input type="checkbox"/> Process Server <input type="checkbox"/> FedEx		

CASE TYPE:		
<input type="checkbox"/> Breach of Contract/Contract Dispute <input type="checkbox"/> Verbal Agreement Dispute	<input type="checkbox"/> Purchase Agreement Dispute <input type="checkbox"/> Wage dispute (unpaid)	<input type="checkbox"/> Property Damage <input type="checkbox"/> Vehicle Damage <i>(must be filed by the titled owner of the vehicle – must attach proof of ownership)</i> Other: <i>Please explain:</i>
<input type="checkbox"/> Landlord's Claim for Damages <i>(must attach proof of ownership)</i>	<input type="checkbox"/> Tenant's Claim for Damages	

ADDITIONAL CASE INFORMATION
(If more space is necessary, please use the reverse side of this form and check this box)

Has this case been previously filed and dismissed? If Yes, please indicate court, case number, and judge: Court: _____ Case No. _____ Judge: _____	___ Yes	___ No
Are there any related cases – pending or closed? If Yes, please indicate court, case number, and judge: Court: _____ Case No. _____ Judge: _____	___ Yes	___ No
Is this case the result of an eviction? If yes, has a second cause of action been filed? Please indicate case number: Case No. _____	___ Yes	___ No
Is an interpreter requested? If yes, please state language/dialect requested: _____	___ Yes	___ No
Are ADA accommodations needed? If yes, please describe: _____	___ Yes	___ No

I certify that the answers contained herein are true.

Signature of the Filing Party

Please complete this form and attach to your original complaint then take with service copies to the Clerk.
***For additional parties, complete an Additional Parties Form and attach**