

Form 3.14: *Cross-Claim against a Co-Defendant*

In the Iowa District Court for _____ County

<p>Plaintiff(s)</p> <hr/> <p>(Name)</p> <hr/> <p>(Name)</p> <p style="text-align: center;">vs.</p> <p>Defendant(s)</p> <hr/> <p>(Name)</p> <hr/> <p>(Name)</p>	<p style="text-align: center;">Cross-Claim against a Co-Defendant</p> <p>Small Claim No. _____</p> <p>If you need assistance to participate in court due to a disability, call the disability coordinator at _____. Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). Disability coordinators cannot provide legal advice.</p>
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You are notified that the party(ies) identified below demand(s) from

(List name(s) of party(ies) against whom the demand is made.)

the amount of \$_____ because (state briefly the basis for the demand, not to exceed \$5000):

Note: Cross-Claimant(s) must file this original Cross-Claim with the clerk of court, and the clerk will provide a copy to the other party(ies) or the attorney(s) of the other party(ies), if any.

Cross-Claimant's signature

Cross-Claimant's signature

Printed name

Printed name

Mailing address

Mailing address

Phone #

Phone #

Email address

Email address