

Small Claims Form 3.13: *Counterclaim against Plaintiff(s)*

In the Iowa District Court for _____ County

<p>Plaintiff(s)</p> <p>_____ (Name)</p> <p>_____ (Name)</p> <p>vs.</p> <p>Defendant(s)</p> <p>_____ (Name)</p> <p>_____ (Name)</p>	<p>Counterclaim against Plaintiff(s)</p> <p>Small Claim No. _____</p> <p>If you need assistance to participate in court due to a disability, call the disability coordinator (information at https://www.iowacourts.gov/for-the-public/ada/). 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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To Plaintiff(s): _____
(List name(s) of Plaintiff(s) against whom you are counterclaiming.)

1. You are notified that Defendant(s) identified below demand(s) from you the amount of \$ _____, because (state briefly the basis for the demand, not to exceed \$6500):

2. Defendant(s) must electronically file this original Counterclaim with the clerk of court using the Iowa Judicial Branch Electronic Document Management System (EDMS) at <https://www.iowacourts.state.ia.us/EFile>, unless the court has granted Defendant(s) an exemption from electronic filing requirements.

3. EDMS will serve a copy of the Counterclaim on Plaintiff(s) or on the attorney(s) for Plaintiff(s). If Plaintiff(s) is (are) exempt from electronic filing, the clerk of court will provide a copy to Plaintiff(s) or Plaintiff(s) attorney(s).

/s/ _____
Filing Defendant or Attorney

Law firm, or entity for which filing is made, if applicable

Mailing address

Telephone number

Email address

Additional email address, if applicable

/s/ _____
Second Defendant, if applicable

Law firm, or entity for which filing is made, if applicable

Mailing address

Telephone number

Email address

Additional email address, if applicable