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

Plaintiff(s)	Octor (and the construct Distriction)
	Counterclaim against Plaintiff(s)
(Name)	Small Claim No
(Name) vs. Defendant(s)	
(Name)	 If you need assistance to participate in court due to a disability, call the disability coordinator (information at <u>https://www.iowacourts.gov/for-the-public/ada/</u> ). Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). <b>Disability coordinators cannot provide legal advice.</b>

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 <a href="https://www.iowacourts.state.ia.us/EFile">https://www.iowacourts.state.ia.us/EFile</a>, 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/	/s/
Filing Defendant or Attorney	Second Defendant, if applicable
Law firm,or entity for which filing is made, if applicable	Law firm, or entity for which filing is made, if applicable
Mailing address	Mailing address
Telephone number	Telephone number
Email address	Email address
Additional email address, if applicable	Additional email address, if applicable