

Small Claims 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 (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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1. You are notified that the Cross-Claimant(s) 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 \$6500):

2. Cross-Claimant(s) must electronically file this original Cross-Claim 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 Cross-Claimant(s) an exemption from electronic filing requirements.

3. If you electronically file, EDMS will serve a copy of the Cross-Claim on the other party(ies) or on the attorney(s) for the other party(ies). If the other party(ies) is (are) exempt from electronic filing, the clerk of court will provide a copy to the other party(ies).

/s/ _____
Filing Cross-Claimant 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 Cross-Claimant, if applicable

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

Mailing address

Telephone number

Email address

Additional email address, if applicable