

BEDFORD MUNICIPAL COURT

165 Center Road, Bedford, Oh 44146
(440) 232-3420 * FAX (440) 232-2510
www.bedfordmuni.org

NICHOLAS A. PAPA
Presiding Judge

THOMAS E. DAY, JR.
Clerk of Court

MICHELLE L. PARIS
Judge

SMALL CLAIMS FILING INFORMATION

Dear Plaintiff:

PLEASE PRINT CLEARLY

Please be advised that the **defendant** must live in, have his/her place of business in, or the incident occurred in the Court's jurisdiction (See list below). The fee for a complaint is \$97.00 with one defendant and \$25 for each additional defendant in the same action. *Make your check/money order payable to Bedford Municipal Court.*

The number of **required copies** is as follows: (1) an original signed copy; (2) one copy for **each** defendant; and (3) one copy to return to you, the plaintiff. If you will be **mailing** your completed Complaint, you must include the required copies. It will also be necessary for you to have **your signature notarized**.

If you are bringing the Complaint into the Court for filing, you may wait until you present your filing and we can make copies for you at a fee of \$.05 per page. Also, you may wait to sign the Complaint and a Deputy Clerk will witness your signature if you prefer not to use a Notary Public.

Once the Complaint is filed, you will receive, by mail, a file-stamped copy of the Statement of Claim, a copy of the Summons with the court date (as is mailed to the defendant), and a receipt for the filing fee.

It is **not necessary** to attach exhibits, since their presentation is required only at the time of the hearing. However, if you refer to "exhibit(s)" in your 'Statement of Claim', you must attach a copy of the exhibit(s) to each copy of the Complaint. **OHIO LAW NOW REQUIRES THAT YOU REMOVE ALL SOCIAL SECURITY NUMBERS AND/OR ALL ACCOUNT NUMBERS (BANK, CREDIT CARD, ETC.) FROM ALL DOCUMENTS YOU FILE WITH THE COURT.**

The maximum dollar amount in Small Claims is \$6,000.00, compensatory damages only, no punitive damages.

We need a **complete mailing address** for all parties, including zip code. Your telephone number is required. The defendant's telephone number would be helpful.

Please state your claim very briefly, i.e. "I performed services at the request of the defendant for \$_____. He/She refuses to pay." If the incident was an automobile accident..."defendant struck my car and damaged it in the amount of \$_____. He/She refuses to pay."

You may be awarded interest from the date of the incident. If you do not know that date, you may have interest awarded from the date of judgment at a maximum of 8% per annum.

Should you have any questions, please do not hesitate to contact the Clerk's office. However, please be advised that our clerks cannot give legal advice.

BEDFORD MUNICIPAL COURT
SMALL CLAIM INFORMATION SHEET

Date _____

Plaintiff (1): _____
Address: _____

City, State, Zip: _____
Telephone No: _____

Defendant (1): _____
Address: _____

City, State, Zip: _____
Telephone No: _____

Plaintiff (2): _____
Address: _____

City, State, Zip: _____
Telephone No: _____

Defendant (2): _____
Address: _____

City, State, Zip: _____
Telephone No: _____

Plaintiff (3): _____
Address: _____

City, State, Zip: _____
Telephone No: _____

Defendant (3): _____
Address: _____

City, State, Zip: _____
Telephone No: _____

Is **DEFENDANT** presently in the military or naval service of the United States _____?
Yes / No

COMPLAINT _____

AMOUNT CLAIMED \$ _____, with interest at the rate of _____%, from the day of _____, and costs.

The above complaint is true to the best of my belief.

Plaintiff Signature

Filing Fee \$97.00 for one defendant
Each additional defendant is an additional \$25.00 filing fee

REQUEST FOR REGULAR MAIL SERVICE

IF SERVICE OF PROCESS BY CERTIFIED MAIL IS RETURNED BY THE POSTAL AUTHORITIES WITH AN ENDORSEMENT OF "REFUSED" OR "UNCLAIMED" THE UNDERSIGNED WAIVES NOTICE OF SAME BY THE CLERK AND REQUESTS ORDINARY MAIL SERVICE IN ACCORDANCE WITH CIVIL RULE 4.6(C) OR 4.6(D). There will be an additional \$5.00 fee for this service

Attorney and/or Plaintiff