

WASHINGTON COUNTY DISTRICT COURT, ELKINS DEPARTMENT

COUNTERCLAIM

CASE NUMBER:

Phone: _____

Plaintiff _____

Address: _____

vs.

Defendant _____

A copy of your counterclaim must be filed with the court and a copy delivered or mailed to the plaintiff or his attorney (if applicable).

PLEASE NOTE: ANY COUNTERCLAIM YOU HAVE AGAINST THE PLAINTIFF MUST HAVE RESULTED FROM THE SAME OCCURRENCE, INCIDENT, TRANSACTION OR CONTRACT MENTIONED IN THE PLAINTIFF'S COMPLAINT.

NATURE OF YOUR COUNTERCLAIM: _____

AMOUNT OF RELIEF YOU CLAIM: _____

DATE YOUR COUNTERCLAIM AROSE: _____

FACTS SHOWING WHY CLAIM IS OWED: _____

I state that the information contained in this counterclaim is true and correct to the best of my knowledge. I understand that should the plaintiff be successful in his action and obtains judgment, and if I do not appeal, his judgment becomes final.

DATED: _____

SIGNATURE OF DEFENDANT

Street Address

Telephone:

KEEP A COPY OF THIS COUNTERCLAIM AND BRING IT TO COURT
READ CAREFULLY INSTRUCTIONS ON SECOND PAGE OF THIS FORM

COMPLETE THIS COUNTERCLAIM AND MAIL THE ORIGINAL TO:

ELKINS DISTRICT COURT
1874 STOKENBURY
ELKINS, AR 72727