

AOC-185
Rev. 2-03
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Doc. Code: CC

Commonwealth of Kentucky
Court of Justice *www.kycourts.net*
KRS 24A.290



**SMALL CLAIMS
COUNTER-CLAIM**

Case No. _____

Court District Small Claims

County _____

PLAINTIFF

Name:

Address:

VS.

DEFENDANT

Name:

Address:

1. Defendant claims Plaintiff:

2. Defendant claims the following sum from Plaintiff for damages brought about by the above Complaint:

\$_____, (amount not to exceed \$1,500.00, exclusive of interest and costs) plus interest in the amount of \$_____.

3. Defendant also claims court costs.

Date: _____, 2_____.

Defendant's Signature

Instructions: This counter-claim shall be filed with the Clerk and a copy delivered to the Plaintiff at least five (5) days prior to the time of the hearing.