

In the Iowa District Court for \_\_\_\_\_ County

Plaintiff(s)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Name)

vs.

Defendant(s)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Name)

**Counterclaim against Plaintiff(s)**

Small Claim No. \_\_\_\_\_

If you need assistance to participate in court due to a disability, call the disability coordinator at \_\_\_\_\_. Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). **Disability coordinators cannot provide legal advice.**

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 \$5000):

2. Defendant(s) must file this original Counterclaim with the clerk of court, and the clerk will provide a copy to the other party(ies) or the attorney(s) of the other party(ies), if any.

\_\_\_\_\_  
Defendant's signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Defendant's signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Email address