Toledo Municipal Court, Lucas County, Ohio
Small Claims Division
(419) 936-3650
Complaint

_____
Case Number

_____	_____
Plaintiff's Name	Defendant's Name
_____	_____
Plaintiff's Address	Defendant's Address
_____	_____
City, State and Zip Code	City, State and Zip Code
_____	_____
Telephone Number	Telephone Number

Military Status of the Defendant_____

Amount of Claim: _____**Plus Court Costs**

Nature of Claim: _____

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_____
Plaintiff's Signature

Sworn to before me and subscribed in my presence this _____ day of _____ 20 _____.

Court Date: _____
Time: 9:00 A.M.
Courtroom #9, 3rd Floor

Vallie Bowman-English, Clerk of Court

_____
Deputy Clerk or Notary Public