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| Enter the name of the county in which you are filing this case. | **STATE OF WISCONSIN, CIRCUIT COURT,**  **COUNTY** |  |
| Enter the Plaintiff’s name. The Plaintiff is the person bringing the lawsuit. | Plaintiff(s):    First name Middle name Last name    Address    Address    City State Zip  **See attached** for additional plaintiffs.  -vs- |
| Enter the Plaintiff’s address. |
| If there is more than one plaintiff, check the “additional plaintiffs” box and attach another sheet with their names and addresses.  Enter the case number from the summons and complaint. |
| **Answer and**  **Counterclaim**  **Small Claims**  Case No. |
| Enter your name. You are the Defendant. | Defendant(s):    First name Middle name Last name    Address    Address    City State Zip  **See attached** for additional defendants. |
| Enter your address.  If there is more than one defendant, check the “additional defendants” box and attach another sheet with their names and addresses. |

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| Check 1 or 2.  Check 1if you do not dispute the plaintiff’s claim.  Check 2 if you do dispute the plaintiff’s claim. State the reasons why you disagree.  Check the box if you need more room and attach any additional pages. | **ANSWER**  I am the defendant (or an authorized representative of the defendant):  1. This matter **IS NOT** contested. I agree with the plaintiff’s claim. Judgment may be taken as requested in the complaint, plus costs and interest as allowed by law.  **-OR-**  2.  This matter **IS** contested. I do not agree with the plaintiff’s claim. This matter should be scheduled so that the parties may present their evidence. The reason(s) why the matter is contested are as follows:            . |

**See attached** for additional information.

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| Check the box if there is no counterclaim and go to the signature section. | **Do not complete counterclaim section below unless you have a claim of your own against the plaintiff(s).**  I/We do not have a claim against the plaintiff(s). | | |
| **Complete this section only** **if you are making a counterclaim against the plaintiff(s).** | **Defendant's Demand:**  I/We have a claim against the plaintiff(s) and demand judgment against the plaintiff(s) for $       , plus interest, costs, attorney fees, if any, and such other relief as the court deems proper. | | |
| Briefly explain why the court should award you what you are asking for.  If your counterclaim is for more than $10,000, or if your tort or personal injury claim is for more than $5,000, the case may not continue in small claims court. You must pay a filing fee to the Clerk of Court, and you must send the *Notice of Counterclaim* (SC-5250V) to the plaintiff(s) on the same day the counterclaim is filed.  NOTE: Eviction actions are heard in small claims court, regardless of the amount of the counterclaim. | Brief statement of dates and facts: | | |
| If you need more room, check the box and attach any additional pages to this Counterclaim.  **Follow local rules for filing and serving.** | **See attached** for additional information.  **Defendant(s) certify that a copy of this answer and counterclaim has been or will be mailed to the plaintiff(s) or plaintiff’s attorney, if any.** | | |
|  | **Signatures** | | |
| Sign and print your name. Enter the date on which you signed your name.  **Note:** This signature does not need to be notarized. | Signature of Defendant/Attorney | | Date |
| If an attorney is completing this form, enter your information. | Attorney Name, Law Firm, Address | Telephone Number | Attorney's State Bar Number |
| **COPIES:** For each person you are serving, make one copy (for an answer) or two copies (if a counterclaim is being made) of this signed original and any attachments and bring them to the clerk of court. The clerk will authenticate the copy/copies for service on the plaintiff(s). | | | |