|  |  |  |
| --- | --- | --- |
| 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. |

|  |  |
| --- | --- |
| 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.

|  |  |
| --- | --- |
| 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). |