

PRINT in BLACK ink

Enter the name of the county in which you are filing this case.

STATE OF WISCONSIN, CIRCUIT COURT,
_____ **COUNTY**

For Official Use

Enter the Plaintiff's name. The Plaintiff is the person bringing the lawsuit.

Plaintiff(s):

First name Middle name Last name

Enter the Plaintiff's address.

Address

If there is more than one plaintiff, check the "additional plaintiffs" box and attach another sheet with their names and addresses.

Address

City State Zip

See attached for additional plaintiffs.
-vs-

Answer and Counterclaim Small Claims

Case No. _____

Enter the case number from the summons and complaint.

Enter your name. You are the Defendant.

Defendant(s):

First name Middle name Last name

Enter your address.

Address

If there is more than one defendant, check the "additional defendants" box and attach another sheet with their names and addresses.

Address

City State Zip

See attached for additional defendants.

Check 1 or 2.

Check 1 if 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.

Brief statement of dates and facts:

If your counterclaim 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 Over \$5,000 (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.

See attached for additional information.

If you need more room, check the box and attach any additional pages to this Counterclaim.

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.

Follow local rules for filing and serving.

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).