

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

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

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.

Enter your name. You are the Defendant.

Enter your address.

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

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

Plaintiff(s):

First name Middle name Last name

 Address

 Address

 City State Zip

See attached for additional plaintiffs.

-VS-

Defendant(s):

First name Middle name Last name

 Address

 Address

 City State Zip

See attached for additional defendants.

**Answer and Counterclaim
(Small Claims)**

Case No. _____

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.

See *Pre-Judgment: Basic Steps to Small Claims Service* (SC-6050V).

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.

Counterclaim/Demand

Check the box if there is no counterclaim/demand and go to the signature section.

I/We do not have a counterclaim/demand against the plaintiff(s).

Check this box if there is a counterclaim/demand. Complete this section only if you are making a counterclaim/demand.

I/We have a counterclaim/demand 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.

Brief statement of dates and facts:

See attached for additional information

Briefly explain why the court should award you what you are asking for.

If you are seeking to recover damages of more than \$5,000 for your tort or personal injury counterclaim, or more than \$10,000 for other types of counterclaims, the case may not continue in small claims court. In addition, 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.

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

Follow local rules for filing and serving.

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.	Defendant/Attorney		Date
	Attorney Name, Law Firm, Address	Telephone Number	Attorney's State Bar Number
If an attorney is completing this form, enter your information.			