

Enter the name of the county in which you are filing this case.	<b>STATE OF WISCONSIN, CIRCUIT COURT,</b> _____ <b>COUNTY</b>
Enter the Plaintiff's name. The Plaintiff is the person bringing the lawsuit.	<b>Plaintiff(s):</b> _____ First name                      Middle name                      Last name
Enter the Plaintiff's address.	Address _____ Address _____
If there is more than one plaintiff, check the "additional plaintiffs" box and attach another sheet with their names and addresses.	City                                      State                                      Zip <input type="checkbox"/> <b>See attached</b> for additional plaintiffs.
Enter the case number from the summons and complaint.	-VS-
Enter your name. You are the Defendant.	<b>Defendant(s):</b> _____ First name                      Middle name                      Last name
Enter your address.	Address _____ Address _____
If there is more than one defendant, check the "additional defendants" box and attach another sheet with their names and addresses.	City                                      State                                      Zip <input type="checkbox"/> <b>See attached</b> for additional defendants.

**Answer and Counterclaim  
(Small Claims)**

Case No. \_\_\_\_\_

<p>Check 1 or 2.</p> <p>Check 1 if you do not dispute the plaintiff's claim.</p> <p>Check 2 if you do dispute the plaintiff's claim. State the reasons why you disagree.</p> <p>Check the box if you need more room and attach any additional pages.</p> <p><i>See <u>Pre-Judgment: Basic Steps to Small Claims Service</u> (SC-6050V).</i></p>	<p><b>ANSWER</b></p> <p>I am the defendant (or an authorized representative of the defendant):</p> <p><input type="checkbox"/> 1. This matter <b>IS NOT</b> 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.</p> <p style="text-align: center;">-OR-</p> <p><input type="checkbox"/> 2. This matter <b>IS</b> 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:                      <input type="checkbox"/> <b>See attached</b> for additional information.</p> <p>_____</p> <p>_____</p>
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## 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.

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.

**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. <b>Note:</b> This signature does not need to be notarized.	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