

WAHAKIAKUM COUNTY DISTRICT COURT
STATE OF WASHINGTON
NOTICE OF COUNTERCLAIM

PRINT CLEARLY

CASE NUMBER _____

COUNTERCLAIM PLAINTIFF

COUNTERCLAIM DEFENDANT

Name	Name
Street	Street
City/State/Zip	City/State/Zip
Phone	Phone

TO THE COUNTERCLAIM DEFENDANT—

You are hereby notified that the Counterclaim Plaintiff has filed a claim against the Counterclaim Defendant(s) in the above-entitled court. The reason(s) for the claim and the amount of the claim are stated below.

ALL PARTIES are directed and required to appear personally on the **previously scheduled hearing date** at Wahkiakum County District Court located at 64 Main Street, Cathlamet, WA.

STATEMENT OF COUNTERCLAIM

The reason(s) I claim the Counterclaim Defendant owes me money:	Itemized List of Amount(s) the Counterclaim Defendant Owes Me:																											
<input type="checkbox"/> Claim by <input type="checkbox"/> Landlord <input type="checkbox"/> Tenant <input type="checkbox"/> Vehicle Claim <input type="checkbox"/> Vehicle was not properly repaired <input type="checkbox"/> Vehicle was repaired but not paid <input type="checkbox"/> Vehicle was damaged <input type="checkbox"/> Purchase/sale of vehicle <input type="checkbox"/> Services Claim <input type="checkbox"/> Services not properly performed <input type="checkbox"/> Services performed but not paid <input type="checkbox"/> Loan was not re-paid <input type="checkbox"/> The item I purchased does not work <input type="checkbox"/> My property was damaged <input type="checkbox"/> I was injured <input type="checkbox"/> Business Transaction <input type="checkbox"/> Other (describe)—	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date Owed</th> <th style="width: 15%;">Amount</th> <th style="width: 70%;">Description of Amount Owed</th> </tr> </thead> <tbody> <tr><td> </td><td style="text-align: center;">\$</td><td> </td></tr> </tbody> </table>	Date Owed	Amount	Description of Amount Owed		\$			\$			\$			\$			\$			\$			\$			\$	
Date Owed	Amount	Description of Amount Owed																										
	\$																											
	\$																											
	\$																											
	\$																											
	\$																											
	\$																											
	\$																											
	\$																											
Total amount of money I claim the Counterclaim Defendant(s) owes me is – \$ _____ ← This amount may not exceed amounts below –																												
The total amount of money Plaintiff seeks may not exceed \$5,000 if Plaintiff is a corporation, HOA, partnership or other legal entity.																												
The total amount of money Plaintiff seeks may not exceed \$10,000 if Plaintiff is bringing the claim on behalf of Plaintiff personally.																												

TO THE COUNTERCLAIM PLAINTIFF—

The Counterclaim Plaintiff is responsible for having the Counterclaim Defendant served with a copy of this claim and the court clerk cannot assist with service. If Counterclaim Plaintiff fails to appear, Counterclaim Plaintiff's claim will be dismissed by the Court.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

DATE AND PLACE: _____

 COUNTERCLAIM PLAINTIFF