



DEBORAH F. COMERY, CLERK OF COURT
ROCKY RIVER MUNICIPAL COURT
21012 Hilliard Blvd
Rocky River, OH 44116-3398

www.rrcourt.net
Phone: (440) 895-0039
Fax: (440) 356-5613

SMALL CLAIMS FILING INFORMATION

Dear Plaintiff:

PLEASE PRINT CLEARLY

Please be advised that the **defendant** must live in, have his place of business in, or the incident occurred in the Court's jurisdiction (Bay Village, Fairview Park, North Olmsted, Rocky River or Westlake). The fee for a Complaint is **\$125.00** with one defendant, **\$25.00** for each additional defendant in the same action. *Make your check/money order payable to Rocky River Municipal Court.* The Court accepts MasterCard, Visa and Discover.

The number of **required copies** are as follows: (1) an original signed copy; (2) one copy for **each** defendant; and (3) one copy to return to you, the plaintiff. If you will be **mailing** your completed Complaint, you must include the required copies. It will also be necessary for you to have **your signature notarized**.

If you are bringing the Complaint into the Court for filing, you may wait until you present your filing and we can make copies for you for \$.05 a page. Also, you may wait to sign the Complaint and a Deputy Clerk will witness your signature if you prefer not to use a Notary Public.

Once the Complaint is filed, you will receive, by mail, a file-stamped copy of the Statement of Claim, a copy of the Summons with the court date (as is mailed to the defendant), and a receipt for the filing fee.

It is **not necessary** to attach exhibits since their presentation is required only at the time of the hearing. However, if you refer to an "exhibit(s)" in your 'Statement of Claim', you must attach a copy of the exhibit(s) to **each** copy of the Complaint. ***OHIO LAW NOW REQUIRES THAT YOU REMOVE ALL SOCIAL SECURITY NUMBERS AND/OR ALL ACCOUNT NUMBERS (BANK, CREDIT CARD, ETC) FROM ALL DOCUMENTS YOU FILE WITH THE COURT.***

The maximum dollar amount in Small Claims is **\$6,000.00**, compensatory damages only, no punitive damages.

We need a **complete mailing address** for all parties, including zip code. Your telephone number is required. The defendant's telephone number would be helpful.

Please state your claim very briefly, i.e., "I performed services at the request of the defendant for \$ _____. He/She refuses to pay." If the incident was an automobile accident..." defendant struck my car and damaged it in the amount of \$ _____. He/She refuses to pay."

You may be awarded interest from the date of the incident. If you do not know that date, you may have interest awarded from the date of judgment at a maximum of **8%** per annum.

The Court has a Mediation Program for some Small Claims cases. You will be notified if your case qualifies for the Mediation Program.

PLEASE CHECK IN AT THE CLERK'S OFFICE, CIVIL WINDOW, BEFORE YOU GO TO THE COURTROOM ON YOUR TRIAL DAY.

Should you have any questions, please do not hesitate to call.