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| Enter the name of the county in which you are filing this case. | **STATE OF WISCONSIN, CIRCUIT COURT,** **COUNTY** |  |
| Enter the Plaintiff’s name. The Plaintiff is the person bringing the lawsuit. | Plaintiff(s):                  First name Middle name Last name      Address      Address                  City State Zip [ ]  **See attached** for additional plaintiffs. -vs- |
| 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. | **Answer and Counterclaim****(Small Claims)**Case No.        |
| Enter your name. You are the Defendant. | Defendant(s):                  First name Middle name Last name      Address      Address                  City State Zip[ ]  **See attached** for additional defendants. |
| Enter your address.If there is more than one defendant, check the “additional defendants” box and attach another sheet with their names and addresses. |

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|  | **ANSWER** |
|  | I am the defendant (or an authorized representative of the defendant): |
| Check 1 or 2.Check 1if you do not dispute the plaintiff’s claim. | [ ]  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-** |
|  |  |
| Check 2 if you do dispute the plaintiff’s claim. State the reasons why you disagree. | [ ]  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 you need more room and attach any additional pages.See *Pre-Judgment: Basic Steps to Small Claims Service* (SC-6050V). |  |         |
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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.**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’s Signature      Name Printed or Typed      Address      Email Address             Telephone Number Date | ►      Attorney’s Signature      Name Printed or Typed      Law Firm and Address            Email Address Telephone Number            Date State Bar No. (if any) |
| If an attorney is completing this form, enter your information. |