

County of:	Judicial District: _____
	Court File Number: _____
	Case Type: Conciliation

DEFENDANT'S STATEMENT OF COUNTERCLAIM

Plaintiff #1

Name:
Address:
City/State/Zip

Plaintiff #2

Name:
Address:
City/State/Zip:

Defendant #1

Name:
Address:
City/State/Zip:

Defendant #2

Name:
Address:
City/State/Zip

Check box if there are more than two plaintiffs or more than two defendants. List the information for the other parties on the *Additional Litigants Form, CCT702*.

Information about the Plaintiff

1. How many plaintiffs do you have a counterclaim against? _____

a. Plaintiff # 1

Name: _____

Individual (Person) Business

If Plaintiff # 1 is an individual:

i. I believe Plaintiff #1 is at least 18 years old.

Date of birth: _____ / Unknown.

ii. About military service:

Plaintiff #1 is in the military service

Plaintiff #1 is not in the military service

Unknown.

b. Plaintiff # 2

Name: _____

Individual (Person) Business

If Plaintiff # 2 is an individual:

i. I believe Plaintiff #2 is at least 18 years old.

Date of birth: _____ / Unknown.

ii. About military service:

- Plaintiff # 2 is in the military service
- Plaintiff # 2 is not in the military service
- Unknown.

If there are more than 2 plaintiffs, use the *Additional Litigants Form (CCT702)*.

Information about the Counterclaim

2. I am filing this counterclaim against Plaintiff for: *(check all that apply)*

Money

The Plaintiff owes me \$ _____, plus filing fees and costs in the amount of \$ _____, so my total claim is for \$ _____ (amount Plaintiff owes plus filing fees and costs). I have a claim for this amount because in _____ (month and year), the following happened (briefly describe):

Property

The Plaintiff has the following property that belongs to me (list property):

My property is valued at \$ _____. The filing fees and costs for this case are

\$ _____. I want the court to order this property returned to me or make the Plaintiff pay me \$ _____ (property's value plus the filing fees and costs).

3. I understand that if I do not come to court on my hearing date, my case may be dismissed and I may have to pay money to the Plaintiff on any claim that has been filed.

Important! Each defendant joining this counterclaim must sign the *Statement of Counterclaim* form and include the date signed, the name of the state and county where signed, and provide the following information: title, if any, telephone number, date of birth, and e-mail address.

I declare under penalty of perjury that everything that I have stated in this document is true and correct. Minn. Stat. § 358.116.

Signature (Defendant #1)

DATE: _____

County and State where signed

Name

Title, if any

Telephone

Date of birth

Email Address

Signature (Defendant #2)

OR There is only 1 defendant

DATE: _____

County and State where signed

Name

Title, if any

Telephone

Date of birth

Email Address

NOTE: If there are more than 2 defendants, all of the other defendants must sign the *Statement of Counterclaim* form and include the information listed above.