

SMALL CLAIMS MOTION

		CASE NO
LAINTIFF		
DDRESS		
TY, STATE, ZIP CODE		PHONE NO.
EFENDANT		
DDRESS		
ITY, STATE, ZIP CODE		PHONE NO.
МОТІС	N for	
hereby certify that a tr		 l entitled parties by: □Regular U.S. Mail, SE CHECK ONE) on:
DATE:	SIGNATURE:	
3Y:	DATE:	
1. Generally, refer to		

Parma Municipal Court

Small Claims Division

must be made on the attorney, as well as the opposing party.

Phone 440-887-7400 Ext. 7421

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