

**IN THE CLEVELAND HEIGHTS MUNICIPAL COURT
SMALL CLAIMS DIVISION**

Small Claims Case Designation Form

_____,
Plaintiff,

V.

Case No. CVI _____

Defendant.

1. Have you filed this case previously against the defendant?

Check one: No Yes ...if yes, answer below

Case # _____ When _____

2. Do you have any other pending or closed cases against the defendant?

Check one: No Yes ...if yes, answer below

Case # _____ When _____

I certify that the answers to the above-asked questions are true to the best of my knowledge.

PRINTED NAME OF PLAINTIFF OR ATTORNEY

SIGNATURE OF PLAINTIFF OR ATTORNEY

I RECEIVED a Small Claims Booklet.

I DO NOT WANT a Small Claims Booklet.