

Enter the name of the county in which you are filing this case.	<b>STATE OF WISCONSIN, CIRCUIT COURT,</b> _____ <b>COUNTY</b>
Enter the Plaintiff's name. The Plaintiff is the person bringing the lawsuit.	<b>Plaintiff(s):</b> _____
Enter the Plaintiff's address.	First name                      Middle name                      Last name _____
If there is more than one plaintiff, check the "additional plaintiffs" box and attach another sheet with their names and addresses.	Address _____ Address _____
Enter the case number from the summons and complaint.	City    State    Zip <input type="checkbox"/> <b>See attached</b> for additional plaintiffs.
Enter your name. You are the Defendant.	-VS- <b>Defendant(s):</b> _____
Enter your address.	First name                      Middle name                      Last name _____
If there is more than one defendant, check the "additional defendants" box and attach another sheet with their names and addresses.	Address _____ Address _____
	City    State    Zip <input type="checkbox"/> <b>See attached</b> for additional defendants.

**Answer and Counterclaim  
(Small Claims)**

Case No. \_\_\_\_\_

**ANSWER**

I am the defendant (or an authorized representative of the defendant):

Check 1 or 2. Check 1 if you do not dispute the plaintiff's claim.	<input type="checkbox"/> 1. This matter <b>IS NOT</b> 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. <b>-OR-</b>
Check 2 if you do dispute the plaintiff's claim. State the reasons why you disagree.	<input type="checkbox"/> 2. This matter <b>IS</b> 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: <input type="checkbox"/> <b>See attached</b> for additional information.
Check the box if you need more room and attach any additional pages.	_____ _____
See <i>Pre-Judgment: Basic Steps to Small Claims Service</i> (SC-6050V).	

## 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.

**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.**

**Follow local rules for filing and serving.**

### 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

▶ \_\_\_\_\_  
Attorney's Signature

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Address

\_\_\_\_\_  
Law Firm and Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address Telephone Number

\_\_\_\_\_  
Telephone Number Date

\_\_\_\_\_  
Date State Bar No. (if any)

If an attorney is completing this form, enter your information.