

Form 3.5: Counterclaim.

IN THE DISTRICT COURT OF IOWA  
IN AND FOR \_\_\_\_\_ COUNTY, IOWA

Plaintiff(s)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

vs.

Defendant(s)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

**COUNTERCLAIM**

Small Claim No. \_\_\_\_\_

Date Filed \_\_\_\_\_

TO: \_\_\_\_\_, PLAINTIFF(S)

YOU ARE HEREBY NOTIFIED that \_\_\_\_\_, defendant(s), as counterclaimant(s), demand(s) from you the amount of \$ \_\_\_\_\_ based on \_\_\_\_\_ (state briefly the basis for the demand).

\_\_\_\_\_  
Defendant(s) — Counterclaimant(s)