

AS THE DEFENDANT IN THIS ACTION YOU HAVE THE RIGHT TO COUNTERCLAIM AGAINST THE PERSON BRINGING THIS LAWSUIT AGAINST YOU. IF YOU HAVE A LEGITIMATE COUNTERCLAIM, PLEASE FILL OUT THIS FORM AND BRING IT TO THE CITY COURT OF LOCKPORT, ONE LOCKS PLAZA, LOCKPORT, NEW YORK - ROOM 49 BETWEEN THE HOURS OF 8:30 A.M. - 4:30 P.M. WITH THE FILING FEE OF \$5.46 FOR EACH PERSON YOU ARE FILING AGAINST WITHIN **SEVEN (7)** DAYS OF RECEIPT OF THE SUMMONS. YOUR FAILURE TO NOTIFY THE COURT OF YOUR COUNTERCLAIM WILL RESULT IN DELAYS IN RESOLVING THIS MATTER

DEFENDANT'S COUNTERCLAIM

DATE: _____

FILING FEE: \$5.48

DATE OF HEARING: _____

PLEASE INDICATE THE NAME AND ADDRESS OF THE PERSON YOU WISH TO MAKE A CLAIM AGAINST:

PLEASE INDICATE YOUR NAME, ADDRESS AND PHONE NUMBER BELOW:

Telephone #: _____

AMOUNT OF CLAIM \$ _____

NATURE OF CLAIM: (Give Brief) DESCRIPTION AS TO THE REASON OF COUNTERCLAIM:

Your Signature