

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 REGARDING THE ENCLOSED DEFINED ACTION. 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. - 4:00 P.M. WITH THE FILING FEE OF \$5.44 FOR EACH PERSON YOU ARE CLAIMING AGAINST WITHIN SEVEN (7) DAYS OF RECEIPT OF THE ENCLOSED SUMMONS. YOUR FAILURE TO NOTIFY THE COURT OF YOUR COUNTERCLAIM WILL RESULT IN DELAYS IN RESOLVING THIS MATTER

DEFENDANT'S COUNTERCLAIM

DATE: _____

FILING FEE: \$5.44 (Please bring exact change)

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