

WHATCOM COUNTY DISTRICT COURT

311 Grand Avenue, Suite 401
Bellingham, WA 98225-4081
Phone: (360) 676-6770

NOTICE OF COUNTERCLAIM

CASE NO. _____

Plaintiff (first name, middle initial, last name)

Business Name (if applicable)

Address

City Zip

Daytime Phone No.

Defendant (first name, middle initial, last name)

Name of Registered Agent/Corporate Officer (if applicable)

Address

City Zip

Daytime Phone No.

Plaintiff (first name, middle initial, last name)

Business Name (if applicable)

Address

City Zip

Daytime Phone No.

Defendant (first name, middle initial, last name)

Name of Registered Agent/Corporate Officer (if applicable)

Address

City Zip

Daytime Phone No.

COUNTERCLAIM

I, the undersigned defendant, do hereby certify under the penalty of perjury of the laws of the State of Washington, that the plaintiff named above owes me the sum of \$_____ which became due and owing on _____. The amount owing is for:
____ Auto Damages-Date of Accident _____ Wages _____ Loan _____ Return of Deposit _____ Rent
____ Property Damage _____ Faulty Workmanship _____ Merchandise _____ Other (explain) _____

Date: _____

Defendant Signature

NOTICE TO PLAINTIFF

In the name of the STATE OF WASHINGTON you, the above-named plaintiff, are directed to appear personally and answer the counterclaim of the above-named defendant at the Whatcom County District Court, 4th Floor, County Courthouse, Bellingham, Washington on: _____ at _____ a.m./ p.m.
You must be ready for trial and have with you, then and there, all books, papers, and witnesses needed by you to establish your defense to the counterclaim.
You are further notified that if you do not appear, judgment will be rendered against you in the amount of the counterclaim as stated above, and, in addition, for the costs of service of this notice.

Date Issued

Clerk