

Completing the Counterclaim or Setoff of Defendant

Use this form if you are the defendant in a Small Claims case and you would like to ask for a setoff or file a counterclaim in this case. You must give the reasons for your claim.

[Click here for more information.](#)

Page 1 of 3

Choose the county using the drop-down list.

If you are printing the form and handwriting the answers, check the first box. If you are typing in your answers, check the second box.

Enter the name of the plaintiff.

Enter the case number.

Enter the name of the defendant.

Enter the dollar amount of the counterclaim or setoff in the first box, or enter the value of the property you are asking to be returned in the second box.

Enter the Reason for your counterclaim or setoff.

Sign and date the form. Enter your printed name, your address, telephone number, and your email address.

If completed by an attorney, enter your Bar Number.

Nebraska State Court Form
REQUIRED
CC 4-2 Rev: 05/2025
Neb. Rev. Stat. § 25-2804(4)

☒ Printing the form and handwriting the answers.
☐ Completing the form electronically.

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA
Choose the county

Plaintiff,

Case No. _____

vs.

Defendant.

**COUNTERCLAIM OR
SETOFF OF DEFENDANT
(Small Claims Court)**

I am the defendant in this action. I state and claim as my counterclaim or setoff the following sum: \$ _____ and costs of the action, or return of property valued at \$ _____ and costs of this action, because:

Signature: _____ Date: _____

Printed Name: _____

Street Address/P.O. Box: _____

City/State/ZIP Code: _____

Telephone Number: _____

*Email address: _____

If completed by an attorney:
Bar Number: _____

Continued on next page.

Read this statement carefully.

If you **CANNOT** receive emails, check the box, and use the lines to explain why you can't.

Check the box in front of the way the copy was given or sent to the plaintiff.

Enter the date and time of the trial, the date the plaintiff received the copies, and the date you are signing this form.

*Nebraska Supreme Court Rule § 2-308 requires individuals who are not attorneys and representing themselves to provide their email address. The court will use the email address to send notices from the court about this case **except** for items that require another type of service as directed by statute or Nebraska Supreme Court Rule.

If you no longer have email capability or if your email or other contact information changes, you must complete a [Change of Contact Information Form](#).

☐ By checking this box, I am letting the court know that I do not have the ability to receive emails. The reason I cannot receive email is: _____

ORDER FOR TRANSFER TO CIVIL DOCKET

This case is transferred to the civil docket because the counterclaim or setoff exceeds the jurisdiction of Small Claims Court, as case # _____, Pretrial hearing in this matter is hereby set for _____, at _____ M.

Date: _____ BY THE COURT: _____
Judge/Clerk Magistrate
(Seal)

AFFIDAVIT OF SERVICE

I certify that I have delivered a copy of this counterclaim or setoff to the plaintiff by either ☐ personal service ☐ sheriff ☐ constable ☐ mailing a copy to the plaintiff by first class mail: (State full name and address to whom mailed)

Date and time of trial: _____
Date copy delivered to plaintiff: _____
Date: _____
Defendant's signature: _____

Note: A copy of the Counterclaim or Setoff of the defendant must be delivered to the plaintiff and the original filed with the court at least two days prior to the time set for hearing.

Do not complete this area. The court will complete if needed.

Enter the full name and the address who the copy was mailed to.

Sign the form only after you can verify the plaintiff received a copy of the papers.

Page 3 of 3

Do not complete
anything on this page.
Only the sheriff may
complete.

RETURN

Received this Writ _____, at _____ o'clock ____ M.
I Hereby Certify that on _____, I served the within
Counterclaim/Setoff on _____
by _____

_____ a true and certified copy thereof with all the endorsements thereon, in the county aforesaid.

SHERIFF

Service and return	\$	_____
Copy	\$	_____
Mileage _____ miles	\$	_____
_____	\$	_____
TOTAL	\$	_____