

STATE OF INDIANA)
) SS:
COUNTY OF MARION)

IN THE SMALL CLAIMS COURT OF

Pike Township

5665 Lafayette Rd, Ste. B
Indianapolis, In 46254

Phone: 317-293-1842
Fax: 317-290-8319

Plaintiff (name, address)
Phone #

vs.

Defendant (name, address)
Phone #

Cause No. 49K05-_____

NOTICE OF CLAIM

Select type of service requested:

- Personal by Constable
- Certified mail

The Plaintiff complains of the Defendant and says that the Defendant is indebted to the Plaintiff in the sum of \$ _____ because: _____

(Attach document(s) that support the above statement.)

And demands judgment, court costs, and all other proper relief.

_____ Date

_____ Signature of Attorney or Pro Se Party

TO ANY CONSTABLE OF THIS TOWNSHIP: You are hereby commanded to summon the above defendant(s) to appear before me in court on _____ at _____ o'clock ____M. to answer the Plaintiff in a trial on the above claim and to make due return of this Notice of Claim.

_____ Date

_____ Judge

This matter is set for a 15 minute contested hearing. If more time is required, the matter will be reset on a trial calendar. If the Court's calendar permits, and both parties agree, it will be heard on the above date.

CONSTABLE'S RETURN OF SERVICE OF NOTICE OF CLAIM

I certify that on ___/___/___ :

- I served this Notice of Claim by delivering a copy to the Defendant: _____
- I served this Notice of Claim by leaving a copy:
 - at the dwelling or usual place of abode of the Defendant; OR
 - with a person of suitable age and discretion residing therein, namely _____.
- AND
- by mailing a copy of this Notice of Claim to the Defendant, by First Class Mail, to the address listed on the Notice of Claim (date copy mailed if different from below: _____, 20__).
- Service remarks concerning dwelling or abode: _____
- I was unable to serve this Notice of Claim because _____

_____ Constable