

STATE OF INDIANA)
)SS:
COUNTY OF MARION)

IN THE PIKE TOWNSHIP OF MARION COUNTY SMALL
CLAIMS COURT
5665 LAFAYETTE ROAD, SUITE B
Indianapolis, IN 46254
Phone No. 317-293-1842

CAUSE NUMBER 49K05- _____-SC_____

Plaintiff's Full Name

Plaintiff's Street Address

Plaintiff's City, State and Zip

Plaintiff's Phone Number

E-Mail

Address

Notice of Claim and Summons

Designation of Service

___ Personal Service

___ Certified Mail

___ Other

VS.

1st Defendant's Full Name

2nd Defendant's Full Name

1st Defendant's Street Address

2nd Defendant's Street Address

1st Defendant's City, State and Zip

2nd Defendant's City, State and Zip

1st Defendant's Phone Number

2nd Defendant's Phone Number

You should appear in court on _____ at _____ o'clock ____ .M. to
answer the Plaintiff's claim in a trial or hearing.

The Plaintiff complains of the Defendant(s) and say that the Defendant is indebted to the Plaintiff in the sum of
\$ _____ because _____

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

The Plaintiff states the following are true.

1. An **Affidavit of Debt** is attached with the current information.
2. If there is a **written contract** between the Plaintiff and Defendant ("the Parties"), a copy is attached. If a Social Security Number in the document, the Plaintiff has redacted at least the 1st five digits.

WHEREFORE, Plaintiff demands judgment, court cost(s) and other proper relief.

I affirm, under the penalties for perjury, that the foregoing statements are true. [See Ind. Code 32-30-3-1(b).]

Date

Signature of Attorney or Pro Se Party

Important Information Concerning this Claim

A Plaintiff or Defendant ("a party") may appear by an attorney in this case for claims up to \$10,000.00 plus court cost. If a party is a person, he or she may represent himself or herself without an attorney. If a party is a sole proprietorship or a general partnership, the party may appear by the sole proprietor or by a general partner. If a party is a corporation, a limited liability company(LLC), a limited liability partnership (LLP), or a trust the party may appear by a full-time employee for claims up to \$6,000.00 as the party's Ind. Small Claims Rule 8(C) representative. U.S. Bureau of Labor Statistics says a person is a full-time employee, if the employee works at least 35 hours per week. The salary or wages would be reported on a W-2.

A party should bring to the trial all documents in the party's possession or control relating to this case.

If a party is unable to appear at the initial, the party may file a written motion for continuance with the Clerk of the Washington Township Small Claims Court, at the address on the 1st page, explaining why the parties is unable to attend the hearing. A motion to continue a hearing should be filed at least 48 hours before the hearing. **Continuance of 1st hearing is seldom granted.** If the Defendant does not appear at the final hearing, a default judgment may be entered against the Defendant. (LR49-SC09-301)

The Plaintiff waived the Plaintiff's right to a jury trial when the case is filed. The Defendant may request a jury trial by submitting a written request to the Court within 10 days after receiving the Notice of Claim and paying the additional amount required by statute to transfer this case to the Marion County Circuit or Superior Court's plenary docket, within ten days after the jury trial request is granted. If the written request is not filed on time and if the additional court cost is not paid on time or waived, the Defendant's right to jury trial is waived. (LR49-TP38-303)

If the Defendant has a claim against the Plaintiff, the Defendant may file a Counter-Claim under this cause number. If the Plaintiff does not receive the Defendant's Counter Claim at least seven (7) days prior to the trial, the Plaintiff may request a continuance of the trial date.

You may learn more about the Small Claims Rules and read the Indiana Small Claims Manual online at <http://www.in.gov/judiciary/> . Type "Indiana Small Claims Manual" in the search block and you may download the Manual. You may also pick up a copy from the Clerk.

SUMMONS

You should appear in court on _____ at _____ o'clock ____M. to answer the Plaintiff's claim in a trial or hearing.

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 _____.

Date served _____

Served By: _____