

Plaintiff Name:	HANCOCK SUPERIOR COURT No. 2 SMALL CLAIMS DIVISION Hancock County Clerk's Office 9 E Main Street, Rm. 213 Greenfield, IN 46140
Address:	
City, State, ZIP:	CAUSE No.
Telephone:	
Email Address:	
Defendant Name:	Defendant Name:
Address:	Address:
City, State, ZIP:	City, State, ZIP:
Telephone:	Telephone:
Email Address:	Email Address:

**NOTICE OF CLAIM and SUMMONS
FOR DAMAGES LESS THAN \$10,000**

To the Defendant:

You have been sued by the Plaintiff whose name appears above. You must appear in the Hancock Superior Court No. 2 at the above address for a trial upon this claim on the ____ day of _____, 20 ____ at 1:30 PM. You may appear for the trial either in person or by your attorney. The Plaintiff's claim is for:

Wages	\$	Rent	\$
Account or note	\$	Other	\$
Nature of Claim:			

IMPORTANT INFORMATION CONCERNING THIS CLAIM

- 1.) Pursuant to the Indiana Rules for Small Claims, Rule 8(C), Sole Proprietorships and Partnerships may be represented by an attorney or *pro se* by the sole proprietor, partner or owner for claims over \$6,000.00. However, all Corporate Entities, LLCs, LLPs and Trusts, must be represented by an attorney for claims over \$6,000.00., Otherwise, both the Plaintiff and the Defendant may represent themselves individually or be represented by an attorney. The Plaintiff and the Defendant should bring to trial all documents in his/her possession or control and all witnesses having pertinent information concerning this claim.
- 2.) The Defendant must provide the Court and Plaintiff with a written statement of any counter-claim arising out of the Plaintiff's claim at least seven (7) calendar days before the trial.
- 3.) By filing this claim in the Hancock Superior Court No. 2, the Plaintiff no longer has a right to a trial by jury. The Defendant has ten (10) days from receipt of this notice to file an affidavit requesting a jury trial and pay \$70.00 for transferring the case to the plenary docket or lose the right to a trial by jury.
- 4.) If the Defendant does not wish to dispute the Plaintiff's claim, the Defendant may appear at the time of trial for the purpose of providing information to the Court as to when the Judgment will be paid.
- 5.) If a settlement of this claim is made out of Court, the parties must submit the settlement in writing to the Judge of this Court for his approval before the settlement can become a Judgment against the Defendant.

PLEASE PRINT CLEARLY ON THIS FORM

- 6.) If the Defendant fails to appear at the time and date set for trial, a Default Judgment may be entered against the Defendant.
- 7.) The cost for filing this claim is \$97.00 if served by certified mail or \$125.00 if served by Sheriff. If more than one defendant, \$10.00 per additional defendant.
- 8.) Post Judgment Service is an additional \$28.00 per case

The Plaintiff demands Judgment against the Defendant for \$_____ plus interest from _____, 20 ____ at the rate of _____% and the costs of this action.

AFFIDAVIT OF DEBT

If the Defendant is an individual, Plaintiff states and declares that:
 _____ the Defendant is not on active military service. Plaintiff's statement that Defendant is not on active military service is based upon the following facts:

~OR~

_____ the Plaintiff is unable to determine whether or not Defendant is not on active military service.

(Civil Relief Act, as amended, 50USCA Appx §521.)

By signing below, you swear or affirm all the information is true and correct

Attorney:	Plaintiff's Signature:
Address:	
City, State, ZIP:	Certified Mail #
Telephone:	Date:
Email Address:	

**ACKNOWLEDGEMENT OF SERVICE OF SUMMONS
 EITHER BY CERTIFICATE OF MAILING**

I hereby certify that on the ____ day of _____, 20__, at Greenfield, Indiana, I mailed a copy of this summons and a copy of the Petition to the Defendant(s) by certified mail, return receipt, addressed to said defendant(s) at the address(es) furnished by the Plaintiff.

 Hancock County Clerk

OR PERSONAL SERVICE BY SHERIFF

A copy of the above Notice of Claim and Summons were received by me at _____, _____, _____ on this _____ day of _____, 20 ____.

 Hancock County Sheriff

DATE: _____

 Signature of Defendant(s)

PLEASE PRINT CLEARLY ON THIS FORM