

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

**NOTICE OF COUNTER-CLAIM / SUMMONS**

To the Defendant:

You have been sued by the Counter-Plaintiff whose name appears above. You must appear in the Hancock Superior Court #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 Counter-Plaintiff's claim is for:

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

The Defendant/Counter-Plaintiff demands Judgment against the Plaintiff/Counter-Defendant for \$\_\_\_\_\_ plus interest from \_\_\_\_\_, 20 \_\_\_\_ at the rate of \_\_\_\_\_%.

**IMPORTANT INFORMATION CONCERNING THIS CLAIM**

- 1.) All corporations must be represented by an attorney. Otherwise both the Plaintiff/Counter-Defendant and the Defendant/Counter-Plaintiff may represent themselves individually or be represented by an attorney. The Defendant/Counter-Plaintiff and the Plaintiff/Counter-Defendant should bring to trial all documents in their possession or control and request all witnesses having pertinent information concerning this claim to attend the trial.
- 2.) Any request for a change of the trial date by either party should be directed to Small Claims Division of the Hancock County Small Claims Clerk at (317) 477-1109.
- 3.) If a settlement is agreed upon prior to the above-scheduled hearing date, the parties must submit the settlement in writing to the Judge of this Court for approval.
- 4.) If the parties fail to appear at the time and date set for trial, a Default Judgment may be entered by the Court, or the Court may dismiss the cause of action entirely.

PLEASE PRINT CLEARLY ON THIS FORM

- 5.) The cost for filing the original 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.
- 6.) Post-Judgment Sheriff Service is an additional \$28.00 per case.

**AFFIDAVIT OF DEBT**

If the Plaintiff/Counter-Defendant is an individual, Defendant/Counter-Plaintiff states and declares that:

\_\_\_\_\_ Plaintiff/Counter-Defendant is not on active military service. Defendant/Counter-Plaintiff's statement that Plaintiff/Counter-Defendant is not on active military service is based upon the following facts:

\_\_\_\_\_ ; or  
 \_\_\_\_\_ Defendant/Counter-Plaintiff is unable to determine whether or not Plaintiff/Counter-Defendant is not on active military service.

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

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

	Defendant/Counter-Plaintiff's Signature:
Address:	
City, State, ZIP:	
Telephone:	Date:
Email Address:	

**ACKNOWLEDGEMENT OF SERVICE OF SUMMONS**

**BY CERTIFICATE OF MAILING; OR**

I hereby certify that on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_, I mailed a copy of this Notice of Counter-Claim/Summons to the Plaintiff/Counter-Defendant by certified mail # \_\_\_\_\_, requesting a return receipt at \_\_\_\_\_, \_\_\_\_\_, Indiana, \_\_\_\_\_, the address furnished by the Plaintiff/Counter-Defendant.

\_\_\_\_\_  
 Defendant/Counter Plaintiff's signature

**PERSONAL SERVICE BY SHERIFF**

A copy of the above Notice of Counter-Claim / Summons were received by me at this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
 Hancock County Sheriff

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