

MORGAN COUNTY SUPERIOR 3—SMALL CLAIMS DOCKET

CASE #: _____

NAME _____

ADDRESS _____

TELEPHONE NO _____

E-MAIL ADDRESS: _____

PLAINTIFF

AGAINST

MORGAN COUNTY SUPERIOR 3
P.O. BOX 1556
MARTINSVILLE, INDIANA 46151
(765)342-1040

NAME _____

ADDRESS _____

TELEPHONE NO _____

E-MAIL ADDRESS: _____

DEFENDANT

NOTICE OF CLAIM

NAME _____

ADDRESS _____

TELEPHONE NO _____

E-MAIL ADDRESS: _____

DEFENDANT

TO THE DEFENDANT:

YOU HAVE BEEN SUED BY THE PLAINTIFF WHOSE NAME APPEARS ABOVE. YOU MUST APPEAR IN THE MORGAN COUNTY SUPERIOR COURT 3 AT THE ABOVE ADDRESS FOR A TRIAL UPON THIS CLAIM ON THE _____ DAY OF _____ 2016 AT _____:_____ AM YOU MAY APPEAR FOR THE TRIAL EITHER IN PERSON OR BY YOUR ATTORNEY. THE PLAINTIFF'S CLAIM IS FOR:

- ACCOUNT OR NOTE
- WAGES
- RENT
- OTHER _____
- CONTRACT
- POSSESSION OF REAL ESTATE
- TORT/ NEGLIGENCE

A BRIEF STATEMENT OF THE NATURE OF THE PLAINTIFF'S CLAIM AGAINST YOU IS AS FOLLOWS: _____

THE PLAINTIFF DEMANDS JUDGMENT AGAINST THE DEFENDANT FOR \$ _____. IN ADDITION, THE PLAINTIFF IS REQUESTING

- COSTS OF FILING THE CASE
- REASONABLE ATTORNEY FEES IN THE AMOUNT OF \$ _____
- INTEREST AT _____ % FOR THE PERIOD OF TIME FROM _____ UNTIL JUDGMENT IS GRANTED.
- OTHER(SPECIFY) _____

SIGNATURE OF PLAINTIFF

BE SURE TO READ THE ATTACHED SHEET FOR IMPORTANT INFORMATION CONCERNING THIS CLAIM.

RETURN OF SERVICE

The undersigned certifies that a copy of the claim has been served:

___ by delivering a copy of this claim personally to the person to be served on the ___ day of _____ 20__ at _____ .M.

The Address of the person served is:

___ As stated on the face of the claim

___ By leaving a copy of the claim with a person of suitable age & discretion (that person being) _____ at the dwelling house or usual place of abode of the person to be served.

Residence was verified by _____.

Service was made on the _____ day of _____, 20__ at _____ .M. in addition a copy of the claim was mailed on the _____ day of _____, 20__

___ At the address stated on the face of the claim

___ At _____

___ By leaving a copy of this claim at the dwelling house or usual place of adobe of the person to be served. Residence was verified by _____.

A copy was left on the _____ day of _____ 20__ at _____ .M. In addition, a copy was mailed on the _____ day of _____

20__. By first class mail to the person served.

___ At the address stated on the face of the claim

___ At _____

___ The undersigned certifies to the court that this claim has not been served because:

___ The Person to be served no longer lives in Morgan County (their new address is: _____)

___ the person to be served cannot be located in Morgan County.

Sheriff by _____

SERVICE PURSUANT TO TRIAL RULE

___ The undersigned certifies that a copy of the claim and a copy of the complaint/petition has been served pursuant to the trial rule _____ as follows:

Signature: _____

SERVICE ACKNOWLEDGMENT

A Copy of the NOTICE OF CLAIM filed in this case was received by me this _____ day of _____ 20__, at _____

Signature of Defendant

AFFIDAVIT OF DEBT

Comes now affiant, and states:

I _____ am Plaintiff
(Name of Affiant) OR

a designated full-time employee of _____ (Plaintiff).
(Name of Plaintiff)

I am of adult age and am fully authorized by Plaintiff to make the following representations. I am familiar with the record keeping practices of Plaintiff. The following representations are true according to documents kept in the normal course of Plaintiff's business and/or my personal knowledge:

Plaintiff:

is the original owner of this debt.

OR

has obtained this debt from _____ and the original owner of this debt was _____.

_____, Defendant, has an unpaid balance of \$ _____ on account _____.
(Name of Defendant) (last 4 digits of number or id only)

That amount is due and owing to Plaintiff. This account was opened on _____. The last payment from Defendant was received on _____ in the amount of \$ _____.

The type of account is:

Credit card account (i.e. Visa, Mastercard, Department Store, etc.)

List the name of the Company/Store issuing credit card: _____

Account for utilities (i.e. telephone, electric, sewer, etc.)

Medical bill account (i.e. doctor, dentist, hospital, etc.)

Account for services (i.e. attorney fees, mechanic fees, etc.)

Judgment issued by a court (a copy of the judgment is required to be attached)

Other: (Please explain) _____

This account balance includes:

Late fees in the amount of \$ _____ as of _____.
(Month, Day, Year)

Other (Explain _____)

Interest at a rate of _____% beginning on _____.
(Month, Day, Year)

Plaintiff:

is seeking attorney's fees and additional evidence will be presented to the court prior to entry of judgment on attorney's fees.

OR

is not seeking attorney's fees.

Plaintiff believes that defendant is not a minor or an incompetent individual.

If the defendant is an individual, plaintiff states and declares that:

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

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

("Active military service" includes fulltime duty in the military (including the National Guard and reserves) and, for members of the National Guard, service under a call to active service authorized by the President or Secretary of Defense. For further information, see the definition of "military service" in the Servicemembers Civil Relief Act, as amended, 50 U.S.C.A. Appx. § 521.)

I swear or affirm under the penalties of perjury that the foregoing representations are true.

Dated: _____ Signature of Affiant: _____