

**MORGAN COUNTY SUPERIOR COURT 3 – CIVIL DOCKET**

Case No.: \_\_\_\_\_

**PLAINTIFF**

NAME: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**AGAINST**

**DEFENDANT**

NAME: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**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 \_\_\_\_\_ at \_\_\_\_\_ A.M./P.M. If you fail to appear, a Default Judgment may be entered against you. If the case is contested and cannot be resolved during the trial, the Court will schedule a contested trial at a later date.

The Plaintiff's claim is for:

- |  |                                   |  |
|--|-----------------------------------|--|
| <input type="checkbox"/> Account or Note           | <input type="checkbox"/> Contract | <input type="checkbox"/> Wages           |
| <input type="checkbox"/> Possession of Real Estate | <input type="checkbox"/> Rent     | <input type="checkbox"/> Tort/Negligence |
| <input type="checkbox"/> Other: _____              |                                   |  |

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 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

\_\_\_\_\_  
Signature of Plaintiff

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

MORGAN SUPERIOR COURT 3  
MORGAN COUNTY JUDICIAL CAMPUS  
180 S. MAIN ST.  
SECOND FLOOR  
MARTINSVILLE, IN 46151  
(765) 205-1523

**EVICTION**

**NOTICE OF CLAIM**

**COST TO FILE:**

DAMAGES ABOVE \$10,000....\$157.00

\$10.00 FOR EACH ADDITIONAL DEFENDANT

**PLAINTIFF REQUESTS SERVICE BY:**

☐ SHERIFF SERVICE...\$28.00 FEE

☐ CERTIFIED MAIL

**AFFIDAVIT OF DEBT**

COMES NOW AFFIANT, AND STATES:

I, \_\_\_\_\_ AM ( ) PLAINTIFF OR ( ) A DESIGNATED FULL-TIME  
EMPLOYEE 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 FOLLOWING  
ACCOUNT \_\_\_\_\_. 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 (DATE) \_\_\_\_\_

( ) OTHER. EXPLAIN: \_\_\_\_\_

( ) INTEREST AT THE RATE OF \_\_\_\_\_% BEGINNING ON (DATE) \_\_\_\_\_

PLAINTIFF:

( ) IS SEEKING ATTORNEY'S FEES AND ADDITIONAL EVIDENCE WILL BE PRESENTED TO SUPPORT REQUEST

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.

OR

(    ) PLAINTIFF IS UNABLE TO DETERMINE WHETHER OR NOT DEFENDANT IS NOT ON ACTIVE 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 PRESEIDENT 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.

DATE: \_\_\_\_\_ SIGNATURE OF AFFIANT: \_\_\_\_\_

**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, SERVED ON (DATE) \_\_\_\_\_

THE ADDRESS OF THE PERSON SERVED IS

( ) AS STATED ON THE FACE OF THE CLAIM

( ) AT \_\_\_\_\_

( ) BY LEAVING A COPY OF THE CLAIM WITH A PERSON OF SUITABLE AGE AND 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 (DATE) \_\_\_\_\_ AT (TIME) \_\_\_\_\_ IN ADDITION A COPY OF THE CLAIM WAS MAILED ON (DATE) \_\_\_\_\_.

( ) 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 ABODE OF THE PERSON TO BE SERVED. RESIDENCE WAS VERIFIED BY \_\_\_\_\_. A COPY WAS LEFT ON (DATE) \_\_\_\_\_ AT (TIME) \_\_\_\_\_. IN ADDITION, A COPY OF THE CLAIM WAS MAILED ON (DATE) \_\_\_\_\_.

( ) 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.

NEW ADDRESS IS: \_\_\_\_\_

( ) THIS 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SERVICE ACKNOWLEDGMENT**

A COPY OF THE NOTICE OF CLAIM FILED IN THIS CASE WAS RECEIVED BY ME (DATE) \_\_\_\_\_

SIGNATURE OF DEFENDANT \_\_\_\_\_