

MORGAN COUNTY SUPERIOR COURT 3 – SMALL CLAIMS DOCKET

Case No.: _____

PLAINTIFF

NAME: _____

Address: _____

Telephone: _____

Email Address: _____

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

AGAINST

NOTICE OF CLAIM

DEFENDANT

NAME: _____

Address: _____

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 an initial hearing upon this claim on _____. If you fail to appear, a Default Judgment may be entered against you. If the case is contested and can not be resolved at the initial hearing, 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

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

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 presentations. 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 Stores, 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 full time 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 Service Members 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 this Notice of Claim filed in this case was received by me (date) _____

Signature of Defendant