

Plaintiff Name:	HANCOCK SUPERIOR COURT #2 SMALL CLAIMS DIVISION Hancock County Clerk's Office 9 E Main Street, Rm. 213 Greenfield, IN 46140
Address:	
City, State ZIP:	CAUSE No. 30D02-
Telephone:	
Email Address:	
Defendant Name:	Defendant Name:
Address:	Address:
City, State ZIP:	City, State ZIP:
Telephone:	Telephone:
Email Address:	Email Address:

NOTICE OF CLAIM

To the Defendant:

You have been sued by the 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 Plaintiff's claim is for:

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

IMPORTANT INFORMATION CONCERNING THIS CLAIM

- 1.) All corporations must be represented by an attorney. 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.) 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.
- 4.) By filing this claim in the Hancock Superior Court #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.
- 5.) 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.
- 6.) 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

- 7.) If the Defendant fails to appear at the time and date set for trial, a Default Judgment may be entered against the Defendant.
- 8.) The cost for filing this claim is \$96.00 if served by certified mail or \$121.00 if served by Sheriff. If more than one defendant, \$10.00 per additional defendant.
- 9.) Post Judgment Service is an additional \$25.00 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: _____ Defendant is not on active military service. Plaintiff's statement that Defendant is not on activity military service is based upon the following facts:

Or: _____ Plaintiff is unable to determine whether or not Defendant is not on active military service. (Civil Relief Fact, 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 respondent by confirmed delivery requesting a return receipt #_____ addressed to said respondent_____ at the address(es) furnished by the petitioner.

OR PERSONAL BY SHERIFF

A copy of the above summons and a copy of the Petition attached thereto were received by me at _____ this _____ day of _____, 20__.

Hancock County Sheriff

Date: _____

Signature of Respondent

PLEASE PRINT CLEARLY ON THIS FORM