

STATE OF INDIANA )  
 )SS:  
COUNTY OF MARION )

IN THE WASHINGTON TOWNSHIP OF MARION COUNTY  
SMALL CLAIMS COURT  
5302 N. Keystone Ave. Ste. E  
Indianapolis, IN 46220  
Phone No. 317-327-8184 Fax. 317-327-8190

CAUSE NUMBER 49K07- \_\_\_\_\_-SC\_\_\_\_\_

\_\_\_\_\_  
Plaintiff's Full Name

\_\_\_\_\_  
Plaintiff's Street Address

\_\_\_\_\_  
Plaintiff's City, State and Zip

\_\_\_\_\_  
Plaintiff's Phone Number

\_\_\_\_\_  
E-Mail Address

**Notice of Claim and Summons**

Designation of Service

\_\_\_ Personal Service

\_\_\_ Certified Mail

\_\_\_ Other

**VS.**

\_\_\_\_\_  
1<sup>st</sup> Defendant's Full Name

\_\_\_\_\_  
2<sup>nd</sup> Defendant's Full Name

\_\_\_\_\_  
1<sup>st</sup> Defendant's Street Address

\_\_\_\_\_  
2<sup>nd</sup> Defendant's Street Address

\_\_\_\_\_  
1<sup>st</sup> Defendant's City, State and Zip

\_\_\_\_\_  
2<sup>nd</sup> Defendant's City, State and Zip

\_\_\_\_\_  
1<sup>st</sup> Defendant's Phone Number

\_\_\_\_\_  
2<sup>nd</sup> Defendant's Phone Number

**You should appear in court on \_\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_M. to  
answer the Plaintiff's claim in a trial or hearing.**

The Plaintiff complains of the Defendant(s) and say that the Defendant is indebted to the Plaintiff in the sum of  
\$ \_\_\_\_\_ because \_\_\_\_\_

\_\_\_\_\_  
(Attach document(s) that support the above statements.)

The Plaintiff states the following are true.

1. An **Affidavit of Debt** is attached with the current information.
2. If there is a **written contract** between the Plaintiff and Defendant ("the Parties"), a copy is attached. If a Social Security Number in the document, the Plaintiff has redacted at least the 1<sup>st</sup> five digits.

WHEREFORE, Plaintiff demands judgment, court cost(s) and other proper relief.

I affirm, under the penalties for perjury, that the foregoing statements are true. [See Ind. Code 32-30-3-1(b).]

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Attorney or Pro Se Party

**Important Information Concerning this Claim**

A Plaintiff or Defendant (“a party”) may appear by an attorney in this case for claims up to \$8,000.00 plus court cost. If a party is a person, he or she may represent himself or herself without an attorney. If a party is a sole proprietorship or a general partnership, the party may appear by the sole proprietor or by a general partner. If a party is a corporation, a limited liability company(LLC), a limited liability partnership (LLP), or a trust the party may appear by a full-time employee for claims up to \$1500.00 as the party’s Ind. Small Claims Rule 8(C) representative. U.S. Bureau of Labor Statistics says a person is a full-time employee, if the employee works at least 35 hours per week. The salary or wages would be reported on a W-2.

A party should bring to the trial all documents in the party’s possession or control relating to this case.

**If a party is unable to appear at the initial, the party may file a written motion for continuance with the Clerk of the Washington Township Small Claims Court, at the address on the 1<sup>st</sup> page, explaining why the parties is unable to attend the hearing.** A motion to continue a hearing should be filed at least 48 hours before the hearing. **Continuance of 1<sup>st</sup> hearing is seldom granted.** If the Defendant does not appear at the final hearing, a default judgment may be entered against the Defendant. (LR49-SC09-301)

The Plaintiff waived the Plaintiff’s right to a jury trial when the case is filed. The Defendant may request a jury trial by submitting a written request to the Court within 10 days after receiving the Notice of Claim and paying the additional amount required by statute to transfer this case to the Marion County Circuit or Superior Court’s plenary docket, within ten days after the jury trial request is granted. If the written request is not filed on time and if the additional court cost is not paid on time or waived, the Defendant’s right to jury trial is waived. (LR49-TP38-303)

If the Defendant has a claim against the Plaintiff, the Defendant may file a Counter-Claim under this cause number. If the Plaintiff does not receive the Defendant’s Counter Claim at least seven (7) days prior to the trial, the Plaintiff may request a continuance of the trial date.

You may learn more about the Small Claims Rules and read the Indiana Small Claims Manual online at <http://www.in.gov/judiciary/> . Type “Indiana Small Claims Manual” in the search block and you may download the Manual. You may also pick up a copy from the Clerk.

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**SUMMONS**

You should appear in court on \_\_\_\_\_ at \_\_\_\_\_ o’clock \_\_\_\_M. to answer the Plaintiff’s claim in a trial or hearing.

**RETURN OF SERVICE OF NOTICE OF CLAIM:**

I certify that on \_\_\_\_\_:

\_\_\_\_\_ I served this Notice of Claim by delivering a copy to the Defendant.

\_\_\_\_\_ I served this Notice of Claim by leaving a copy:

\_\_\_\_\_ at the dwelling or usual place of abode of the Defendant; OR

\_\_\_\_\_ with a person of suitable age and discretion residing therein, namely \_\_\_\_\_.

AND

\_\_\_\_\_ by mailing a copy of this Notice of Claim to the Defendant, by First Class Mail, to the address listed on the Notice of Claim (date copy mailed if different from below: \_\_\_\_\_, 20 \_\_\_\_).

\_\_\_\_\_ Service remarks concerning dwelling or abode: \_\_\_\_\_. I was unable to serve this Notice of Claim because \_\_\_\_\_.

Date served \_\_\_\_\_

Served By: \_\_\_\_\_