

STATE OF INDIANA )  
 ) SS:  
COUNTY OF MARION )

IN THE SMALL CLAIMS COURT OF

**Washington Township**

5302 N. Keystone Ave., Ste. E  
Indianapolis, In 46220

Phone: 317-327-8184  
Fax: 317-327-8190

\_\_\_\_\_  
**Plaintiff,**

vs.

**Cause No. 49K07-**\_\_\_\_\_

\_\_\_\_\_  
**Defendant.**

### Notice of Appeal

Plaintiff OR  Defendant \_\_\_\_\_ (print name) requests an appeal of the judgment dated \_\_\_/\_\_\_/\_\_\_, being sixty (60) days or less from the date of entry of that judgment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

#### CERTIFICATE OF SERVICE

I hereby certify that I served a copy of this Motion on \_\_\_/\_\_\_/\_\_\_ by placing a copy in the United States Mail, First Class, postage prepaid, addressed to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature