

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.**

**JURY DEMAND**

The Defendant \_\_\_\_\_ (print name), being ten (10) days or less from the date of receipt of Notice of Claim as consistent with Indiana Small Claims Rule 12(B)(10) hereby demand that this Claim be tried by a Jury.

I understand that once a Jury Demand is GRANTED, I am responsible for paying the transfer fee within ten (10) days of demand grant. If I fail to pay this fee, I waive the right to a jury trial.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**CERTIFICATE OF SERVICE**

I hereby certify that I served a copy of this Motion on \_\_\_/\_\_\_/\_\_\_ by depositing the same in First Class U.S. Mail, postage prepaid, addressed to:

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

\_\_\_\_\_  
Signature of Defendant