

ST JOSEPH SUPERIOR COURT
SMALL CLAIMS DIVISION – SOUTH BEND
ST JOSEPH COUNTY, STATE OF INDIANA
112 S. LAFAYETTE BLVD., SOUTH BEND, IN 46601
CLERK'S PHONE: (574) 235-9794

NOTICE OF CLAIM

CAUSE NO:

Plaintiff

Street Address

City, State & Zip Code

Telephone

Email

Plaintiff's Attorney

Street Address

City, State & Zip Code

Telephone

Email

Defendant # 1

Street Address

City, State & Zip Code

Telephone

Email

Defendant # 2

Street Address

City, State & Zip Code

Telephone

Email

Plaintiff(s) ask judgment against the Defendant(s) in the sum of \$ _____ plus court costs. The basis of the claim being asserted is as follows: _____

IF THE CLAIM IS ON ACCOUNT, AN ITEMIZED STATEMENT IS ATTACHED. IF THE CLAIM ARISES OUT OF A WRITTEN CONTRACT (INCLUDING A LEASE), A COPY IS ATTACHED. If a notice to quit or notice of eviction was delivered to a tenant in a landlord/tenant case, a copy of the notice is attached.

To the best of my knowledge, I sign under the penalties of perjury that the Defendant(s) is/are NOT now serving in the armed forces of the United States. I also affirm under the penalties of perjury that the Defendant(s) does not have a legal disability.

Plaintiff or Attorney

*All parties must provide the clerk with a new telephone number and address if their contact information changes.

ORDER OF THE COURT

This claim has been filed against you. You are to appear on this claim _____ at _____ a.m./p.m. at the above location. You may appear in person (pro se) or by an attorney. If a Defendant is a corporation or partnership, different rules may apply (See reverse side). Bring any witnesses and all documents you have which concern this claim. If you do not appear, a default judgment may be entered against you. If you appear and dispute the claim, a date will be set for a contested trial. Even if you do not dispute a claim, you may appear on this date to set up a payment plan, if you wish. You have a right to demand a jury trial. You must demand a jury trial by filing a written affidavit identifying the questions of fact in dispute and that the request is made in good faith not later than ten (10) days of receiving this notice. If the Court grants your request, you must pay the required fee within ten (10) days. Failure to make a timely request, or to pay the fee timely, constitutes a waiver of the right to a jury trial. Once a request for a jury trial is granted, it cannot be withdrawn without the consent of the other party.

Rita L. Glenn/ _____

Clerk

**IMPORTANT INFORMATION IS CONTAINED ON THE BACK OF THIS DOCUMENT
YOU MUST CONTACT THIS COURT 24 HOURS BEFORE YOUR HEARING TO VERIFY DATE AND TIME**

ADDITIONAL INFORMATION TO THE DEFENDANT

CONTINUANCES. If you cannot appear on this date, you must contact the Small Claims Court Clerk at the address or phone number on the front. You may be instructed to file a written Motion for Continuance. The Clerk has the form if you need one. Requests for a continuance may be given for good cause and are more likely to be honored if they are made promptly and well in advance of the date on which you are to appear on this claim.

CORPORATIONS, LIMITED LIABILITY CORPORATIONS, PARTNERSHIPS, AND SOLE PROPRIETORS. If the suit is against a corporation, limited liability company (LLC), partnership, or sole proprietor ("business entity") and the amount claimed exceeds \$6,000, the business entity must appear by an attorney. If the claim is for \$6,000 or less, a (non-lawyer) full-time employee of the business entity may represent it. However, to do this, certain documents must be completed before the trial date. The Clerk has the forms. If the documents are not completed and filled out before the trial, the judge may not allow the corporation to be represented by an employee who is not a lawyer.

COUNTERCLAIMS. If you have a counterclaims against the plaintiff, you may filed a counterclaim. You must, however, file it with the Clerk early enough so that the plaintiff receives it at least seven (7) days before the trial date. Like claims, counterclaims are subject to the same jurisdictional maximum amount. If you claim more than that, ask the Clerk for assistance.

**RETURN OF SUMMONS
CERTIFICATE OF MAILING
(If Applicable)**

I hereby certify that on the _____ day of _____, 20____ I mailed a copy of this Notice of Claim to each of the defendant(s) _____ by certified mail requesting a return receipt signed by the addressee only addressed to each of said defendant(s)

_____ at the address(s) furnished by the plaintiff.

DATED _____, 2____ Clerk _____

By _____ Deputy

**RETURN BY SHERIFF OR OTHER PERSON OF SUMMONS
(If applicable)**

I hereby certify that I have served the Defendant(s) with Notice of Claim:

1. By delivering on the _____ day of _____, 20____, a copy of Notice of Claim to each of the following defendants: _____
2. By leaving on the _____ day of _____, 20____, for each of the within named defendants _____ a copy of the Notice of Claim at the respective dwelling house or usual place of abode with _____ a person of suitable age and discretion residing therein.
3. _____ and by mailing a copy of the Notice of Claim to _____ at _____ the last known address of the defendant(s)
4. This Notice of Claim came to hand this _____ day for _____, 20____ The within named _____ was not found in my bailiwick this _____ day of _____, 20____.

Mileage \$ _____
 Fees \$ _____
 Total \$ _____

Sheriff
By _____