

**IN THE DEKALB SUPERIOR COURT II
SMALL CLAIMS DIVISION**

P.O. Box 230
Auburn, Indiana 46706
Telephone: 260-925-1315

Cause No. _____
AGAINST

Plaintiff name

Defendant name

Street Address

Defendant name

City, State, Zip

Street Address

Plaintiff's phone

City, State, Zip

Email Address

Email Address

PLAINTIFF requests service by: Certified Mail _____ Sheriff _____

PLAINTIFF TO PROVIDE WRITTEN PROOF OF SERVICE ON DEFENDANT Defendant's phone _____

NOTICE OF CLAIM

TO THE DEFENDANT(S): You have been sued by the Plaintiff whose name appears above. The Trial date for this lawsuit is set for _____, at _____ A.M.

A brief statement of the nature of the Plaintiff's claim against you is as follows:

Balance due on: Account (copy attached) _____; Promissory Note (copy attached) _____; Back rent & eviction _____.

The Plaintiff seeks judgment against the Defendant(s) in the amount of \$ _____ plus filing fees in the amount of \$ _____. For a total of \$ _____.

Plaintiff

You may pay the claim and Court costs in full any time before the Trial. Payment may be made by cash, money order, cashier's check, debit card or credit card. NO PERSONAL CHECKS.

If you fail to appear in Court on the date and time set for Trial, the Plaintiff can receive a judgment, plus Court costs.

If you have any claim against the Plaintiff's claim, you may file a statement of such claim with the Court and send a copy to the Plaintiff at least seven (7) business days prior to the Trial. If you fail to timely notify the Court and Plaintiff, the Plaintiff may be granted a continuance on the Trial date.

By filing this small claim, the Plaintiff has waived the right to a trial by jury. You have ten (10) days from receipt of this notice to file an affidavit requesting a jury trial and to pay the costs for transferring the case. Your failure to do so, waives your right to trial by jury.

You may represent yourself in this Court. You do not need to hire an attorney. You may, however, have an attorney represent you if you wish.

If you do not wish to dispute the claim, you may nonetheless appear for the purpose of allowing the court to establish a method of payment. You should, however, first contact the Plaintiff or Plaintiff's attorney and attempt to arrange payment.

If this law suit should require a trial before a Court, you will at the time of Trial be required to appear with your witnesses and any documents required to prove your side of the case.

Cause No. _____

SHERIFF'S RETURN OF SERVICE

I hereby certify that I have served the Notice of Claim:

1. By delivering on the _____ day of _____, 20____, a copy of the Notice of Claim to the Defendant(s)_____.

2. By leaving on the _____ day of _____, 20____, for each of the Defendant(s)_____.

a copy of the Notice of Claim at _____

being the respective dwelling hours or usual place of abode of the Defendant(s), with _____ a person of suitable age and discretion residing whose usual duties or activities include prompt communication of such information to the person served

AND

By mailing a copy of the Notice of Claim to the Defendant(s) at _____
_____, the last known address of the defendant(s).

3. _____
_____.

Sheriff / Deputy of DeKalb County, Indiana

SHERIFF'S RETURN OF NON-SERVICE

I HEREBY CERTIFY THAT SERVICE OF THE notice of claim was not made because:

(1) The Defendant(s) _____
was/were not found in person in my bailiwick.

(2) The Defendant(s) _____
does/do not have a dwelling house or usual place of abode with some person of suitable age and discretion residing therein with whom a copy of the Notice of claim could be left, in my bailiwick.

(3) _____
_____.

Sheriff / Deputy of DeKalb County, Indiana

SERVICE ACKNOWLEDGED BY DEFENDANT(S)

A copy of this Notice of Claim was received by me this _____ day of _____, 20____.

Signature of Defendant(s)

SMALL CLAIMS RULES

Case # _____

APPENDIX A**Affidavit of Debt**

Comes now affiant, and states:

I _____ am ☐ Plaintiff
(Name of Affiant) OR
☐ a designated full-time employee of _____ (Plaintiff).
(Name of Plaintiff)

I am of adult age and am fully authorized by Plaintiff to make the following representations. I am familiar with the record keeping practices of Plaintiff. The following representations are true according to documents kept in the normal course of Plaintiff's business and/or my personal knowledge:

Plaintiff:

☐ is the original owner of this debt.

OR

☐ has obtained this debt from _____ and the original owner of this debt was _____.
_____, Defendant, has an unpaid balance of \$ _____ on account _____.
(Name of Defendant) (last 4 digits of number or id only)

That amount is due and owing to Plaintiff. This account was opened on _____. The last payment from Defendant was received on _____ in the amount of \$ _____.

The type of account is:

☐ Credit card account (i.e. Visa, Mastercard, Department Store, etc.)

List the name of the Company/Store issuing credit card: _____

☐ Account for utilities (i.e. telephone, electric, sewer, etc.)☐ Medical bill account (i.e. doctor, dentist, hospital, etc.)☐ Account for services (i.e. attorney fees, mechanic fees, etc.)☐ Judgment issued by a court (a copy of the judgment is required to be attached)☐ Other: (Please explain) _____

This account balance includes:

☐ Late fees in the amount of \$ _____ as of _____.
(Month, Day, Year)☐ Other (Explain _____)☐ Interest at a rate of _____ % beginning on _____.
(Month, Day, Year)

Plaintiff:

☐ is seeking attorney's fees and additional evidence will be presented to the court prior to entry of judgment on attorney's fees.

OR

☐ is not seeking attorney's fees.

Plaintiff believes that defendant is not a minor or an incompetent individual.

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 active military service is based upon the following facts:

OR

☐ Plaintiff is unable to determine whether or not Defendant is not on active military service military service.

("Active military service" includes fulltime duty in the military (including the National Guard and reserves) and, for members of the National Guard, service under a call to active service authorized by the President or Secretary of Defense. For further information, see the definition of "military service" in the Servicemembers Civil Relief Act, as amended, 50 U.S.C.A. Appx. § 521.)

I swear or affirm under the penalties of perjury that the foregoing representations are true.

Dated: _____ **Signature of Affiant:** _____