## IN THE DEKALB SUPERIOR COURT II SMALL CLAIMS DIVISION

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

| Cause No<br>AGAINST   |  |  |
|---|--|--|
|   |  |  |
| Street Address  | Defendant name   |  |
| City, State, Zip  | Street Address   |  |
| Phone Plaintiff   | City, State, Zip   |  |
| Email address   | Email address  |  |
| PLAINTIFF requests service by: Sheriff                                  | Phone Defendant(s)   |  |
| NOTICE OF C   | CLAIM FOR EVICTION   |  |
| TO THE DEFENDANT(S): You have been sued by the lawsuit is on the day of | Plaintiff whose name appears above. The trial date for this, at,M. |  |
| A brief statement of the nature of the Plaintiff's claim ag             | ainst you is as follows:   |  |
| Balance due on: Back Rent & Eviction                                    |  |  |
|   |  |  |
|   |  |  |
| The Plaintiff seeks judgment against the Defendant(s) for a total of \$ | or \$ and Court costs 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 counterclaim arising from the same transaction or occurrence which is the subject matter of 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 R  | ETURN OF SERVICE  |
| I hereby certify that I have served the Notice of Claim:                           |   |
| 1. By delivering on the day of<br>to the Defendant(s)                              | , 20, a copy of the Notice of Claim                         |
| 2. By leaving on theday 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                     | of the Defendant(s), with a person                          |
| of suitable age and discretion residing whose usual duties or to the person served | activities include prompt communication of such information |
| 1A   | ND  |
| By mailing a copy of the Notice of Claim to the Defendant(s) a                     | at  |
| , the  | last known address of the defendant(s).                     |
| 3  |   |
|  |   |
|  | Sheriff of DeKalb County, Indiana                           |
|  | ,   |
| SHERIFF'S RETURN   | N OF NON-SERVICE  |
| I HEREBY CERTIFY THAT SERVICE OF THE notice of clain                               | n 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 w                        | vith 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 of DeKalb County, Indiana                           |
|  | GED BY DEFENDANT(S)   |
| A copy of this Notice of Claim was received by me this                             | day of, 20  |
|  |   |
|  | Signature of Defendent(a)                                   |

Signature of Defendant(s)