

**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 Court costs 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 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. An attorney must represent all corporations for claims exceeding \$1,500.00.  
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 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 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:** \_\_\_\_\_