NOBLE SUPERIOR COURT DIVISION 2
SMALL CLAIMS - 3rd Floor Court House
101 North Orange St., Albion, Indiana 46701
Phone: Court 260-636-2129 Clerk 260-636-2736

Amount of Claim $ _____
($6000.00 Max. individual / $1500.00 Business)
$10.00 per Addtl Defendant + $ _____
$25.00 for Sheriff Service + $ _____
Court Costs + $ 96.00

Total = _____
(Cash, Money Order or Business Checks Only)

CLAIM NUMBER _____

_____
Plaintiff Name

_____
Street Address

_____
City, State, Zip

Phone _____

_____
Plaintiff Name

_____
Street Address

_____
City, State, Zip

Phone _____

AGAINST
==========

_____
Defendant Name

_____
Street Address

_____
City, State, Zip

Phone _____

SS# Last 4 numbers only _____Birth date_____

_____
Defendant Name

_____
Street Address

_____
City, State, Zip

Phone _____

SS# Last 4 numbers only_____ Birth date_____

****NOTICE TO APPEAR****

TO THE DEFENDANT(S): You have been sued by the Plaintiff whose name appears above. The trial date for this law suit

is on the _____ day of _____ 2 0 _____ at _____ ____M.

STATEMENT OF SMALL CLAIM COMPLAINT

_____ state(s) that (he is/she is/they are) the Plaintiff(s) in the proceeding, that the statement of claim herein contained is true, that the Defendant(s) owe(s) the Plaintiff(s) owe(s) the amount claims and further that:

1. Defendant(s) is (are) not now serving in the Armed Forces of the United States of America.
2. To the best of my (our) belief and knowledge the Defendant(s) is (are) not under legal disability and has (have) sufficient understanding to realize the nature and effect of this Notice of Small Claim.

I (we) the undersigned, claim the Defendant(s) is (are) indebted to the Plaintiff(s) in the sum of $ _____ for

_____

_____

If based upon written agreement or open account, a copy of same is attached and marked as "Exhibit A".
I (we) affirm under the penalties of perjury that the above representations are true to the best of my (our) knowledge and beliefs.

_____
Plaintiff (signature)

_____
Plaintiff (signature)

_____
Attorney for Plaintiff

_____
Attorney Number

Service by: Certified Mail _____ Sheriff of _____ County (+$25.00 Sheriff Service Fee)

*Revised 7/15