

## APPENDIX

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OFFICIAL RECEIPT CLERK \_\_\_\_\_ COURT RECEIPT NO. \_\_\_\_\_

Kind \_\_\_\_\_ Number \_\_\_\_\_ Page \_\_\_\_\_ Case/Cause Number \_\_\_\_\_  
Record

Payment Type and Amount					
Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	EFT Amount	Other

From Whom Received \_\_\_\_\_ On What Account \_\_\_\_\_ \$ Total Received \_\_\_\_\_

Court Costs - State	\$		Clerk's Record Perpetuation Fund	\$	
Court Costs - County					
Fines and Forfeitures			State User Fees		
Infraction Judgment			Family Violence Fees		
Support Fees			Highway Work Zone Fees		
Marriage Licenses - Co Share					
Administrative Fees			County User Fees		
Document Fees					
Miscellaneous Fees			Supplemental Public Defender Services Fees		
Late Surrender Fees			Special Death Benefit Fees		
Interest on Investments			Support Fees		
Vehicle License (Additional Excise Judgment)			Garnishments		
City and Town Fines			Trust		
Overweight Vehicle Fines					
GAL/CASA Fees			TOTAL	\$	

Original to Payor  
Copy for File

Clerk \_\_\_\_\_ Circuit Court

Prescribed by State Board of Accounts

County Form No. 138 (Rev. 1997)

Date of Request \_\_\_\_\_, 19\_\_

Identification \_\_\_\_\_

Record \_\_\_\_\_ To:

No. \_\_\_\_\_ Page \_\_\_\_\_

You are hereby requested to prepare or proof and certify \_\_\_\_\_ (copy) (copies) of:

\_\_\_\_\_ Pages @ \_\_\_\_\_ \$ \_\_\_\_\_

Certificate Fees \_\_\_\_\_

Total Fee \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Payment Type and Amount					
Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	EFT Amount	Other

\_\_\_\_\_  
(Signature of Requester)

Prepared \_\_\_\_\_, 19\_\_

Will call for on \_\_\_\_\_, 19\_\_

Fee Paid \_\_\_\_\_, 19\_\_

Mail to \_\_\_\_\_

Receipt Number \_\_\_\_\_

Address \_\_\_\_\_

**CLERK'S CASH BOOK OF RECEIPTS AND DISBURSEMENTS**

Form Prescribed by State Board of Accounts

Form No. 27A (Rev. 1993)

1	2	3	4	5	6	7	8	RECEIPTS													14			
								Court Costs		9	10	11	12	Fees Payable to County										
								13	13					13	13	13	13	13	13	13		13	13	
Date 19 Mo. Day	Clerk's Receipt or Check Number	Records Kind	Records No.	Records Page	Cause Number	From Whom Received or To Whom Paid	On What Account	Total Cash Received	Due State	Due County	Fines and Forfeitures	Infraction Judgments	Support Fees	Marriage Licenses County Share	Admin. Fees	Document Fees	Misc. Fees	Late Surrender Fees	Interest on Investments	Veh. Lic. (Add. Ex- Judgment)	Over- weight Vehicle Fees	GAL/ CASA Fees		
1																								1
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43																								43

SAMPLE

3

### CLERK'S CASH BOOK OF RECEIPTS AND DISBURSEMENTS

Form Prescribed by State Board of Accounts

Form No. 27A (Rev. 1993)

	RECEIPTS											DISBURSEMENTS							
	Payable to County				Payable to State			City/Town Fees	Support	Garnishments	Trust Funds	Total Disbursements	Fees Paid to State	Fees Paid to County	Fees Paid to City or Town	Support	Garnishments		Trust Funds
County User Fees	Supplemental Pub. Def. Fees	Special Death Benefit Fees	Clerk's Record Perpetuation Fund	State User Fees	Family Violence Fees	Highway Work Zone Fees	Total Disbursements											Fees Paid to State	
1																			1
2																			2
3																			3
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42																			42
43																			43

SAMPLE

**COLUMNAR HEADINGS FOR:  
COUNTY COURT CASH BOOK OF RECEIPTS (REV. 1993)**

LEFT HAND PAGE

<b>COUNTY COURT CASH BOOK OF RECEIPTS</b>											
Form Prescribed by State Board of Accounts										County Form No. 27CC (Rev. 1993)	
1	Date 19		Clerk's Receipt Number	Record			Cause Number	From Whom Received	On What Account	Court Costs	
	Mo.	Day		Kind	No.	Page				Due State	Due County
1											
2											
3											
4											
5											

RIGHT HAND PAGE

<b>COUNTY COURT CASH BOOK OF RECEIPTS</b>												
Form Prescribed by State Board of Accounts										County Form No. 27CC (Rev. 1993)		
Fines and Forfeitures	Infraction Judgment	Admin Fees	Document Fees	Misc Fees	Late Surrender Fees	Veh. Lic. (Add. Ex. Judgment)	Over-Weight Veh Fees	County User Fees	Supp. Pub Def Fees	Spec Death Benefit Fees	GAL/ CASA Fees	

RIGHT HAND PAGE (CONTINUED)

<b>COUNTY COURT CASH BOOK OF RECEIPTS</b>									
Form Prescribed by State Board of Accounts							County Form No. 27CC (Rev. 1993)		
Clerk's Record Perpetuation Fund	Fees Payable to State				City/Town Fees	Trust Funds			
	State User Fees	Family Violence Fees	Highway Work Zone Fees						
									1
									2
									3
									4
									5

Prescribed by State Board of Accounts		County Form No. 139 (Rev. 1960)	
_____, Ind. CLERK _____		CIRCUIT COURT No. 00000	
_____, 19__		Pay to the Order of _____ \$ _____	
Payable At	_____ Dollars		100
For _____		_____	
_____ F.B. No. _____		Page _____ Cause No. _____	
A Public Depository	_____ Clerk		

OFFICIAL CHECK (Rev. 1960). The prescribed uniform check became effective July 1, 1959. No other check can be used other than the form prescribed. The clerk's personal name is not to be printed on the check. All checks must be prenumbered by the printer and printed in duplicate. The original must be buff in color on safety paper and the duplicate in white. They must be printed on substance 16, No. 1, bond paper, three to the page, sheet size approximately 10" x 8". The original is to be perforated on the left side and between checks gathered 50 sheets original and duplicate, three onto book and check bound. "Copy - Not Negotiable" is to be printed on the duplicate copy of each. Magnetic ink imprinting of bank routing figures may be included on the check form.

**REGISTER OF FEES AND FUNDS HELD IN TRUST**

	DATE			FOR WHOM RECEIVED	Cause No.	RECORD			Amount Received	DATE DISBURSED			Check No.	Amount Disbursed	MEMORANDUM
	Month	Day	Year			Kind	No.	Page		Month	Day	Year			
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33															

SAMPLE

Binding Margin

7

COUNTY FORM NO. 45A (REV. 1960) PRESCRIBED BY STATE BOARD OF ACCOUNTS

TOTAL FORWARD		Receipt Forwarded As of	TOTAL RECEIVED AND DISBURSED TODAY
_____ 19__		_____ 19__	_____ 19__
<b>RECORD OF SUPPORT RECEIVED AND DISBURSED</b>		No. 19996	
PAID TO _____		\$ _____	
RECEIVED FROM _____	KNOX CIRCUIT COURT,		
_____ BY _____	Clerk		
NO. _____ S.D. _____ PAGE _____	PLEASE CASH WITHIN 60 DAYS		

TEAR AT PERFORATION

\_\_\_\_\_ 19\_\_

**RECEIPT FOR SUPPORT** No. 19996

FOR \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

RECEIVED FROM \_\_\_\_\_ KNOX CIRCUIT COURT,

\_\_\_\_\_ BY \_\_\_\_\_ Clerk

NO. \_\_\_\_\_ S.D. \_\_\_\_\_ PAGE \_\_\_\_\_ PLEASE CASH WITHIN 60 DAYS

TEAR AT PERFORATION

\_\_\_\_\_ 19\_\_

**AMERICAN NATIONAL BANK** No. 19996  
Vincennes, Indiana

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

RECEIVED FROM \_\_\_\_\_ KNOX CIRCUIT COURT,

\_\_\_\_\_ BY \_\_\_\_\_ Clerk

NO. \_\_\_\_\_ S.D. \_\_\_\_\_ PAGE \_\_\_\_\_ PLEASE CASH WITHIN 60 DAYS

Support check, receipt and journal, form 45A, to be used with approved support ledger account.

### CLERK'S SUPPORT/GARNISHMENT RETURNED ITEM REPORT

	Cause Number	Name of Payor	Name of Recipient	Amount	Date Received	Date of Disbursement	Check Number	Date Returned By Bank	Other Information
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15	TOTAL								

SAMPLE

6

I, \_\_\_\_\_, Clerk of the \_\_\_\_\_ Circuit Court, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, do hereby submit the  
 aforementioned information to the Prosecuting Attorney in accordance with IC 33-32-4-6(3).

\_\_\_\_\_  
 Clerk of the \_\_\_\_\_ Circuit Court

Received by \_\_\_\_\_  
 Prosecuting Attorney

Date \_\_\_\_\_

- (1) Retain Top Copy
- (2) Transmit Send Copy to Prosecuting Attorney

Support Docket, \_\_\_\_\_ County, Indiana Card No. \_\_\_\_\_

Cause \_\_\_\_\_ vs. \_\_\_\_\_

Order Against \_\_\_\_\_ for \$ \_\_\_\_\_ Payable \_\_\_\_\_

Order Made \_\_\_\_\_ Court O.B. \_\_\_\_\_

	Date Received	Amount Received	Check-Receipt Number	Date Received	Amount Received	Check-Receipt Number
1						
2						
3						
4						
5						
6						
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25						

SAMPLE

This or a similar support ledger card may be used in lieu of support docket form 45 or form 45L. A request for approval must be made by each clerk desiring to use it.

## REPORT OF COLLECTIONS

To \_\_\_\_\_  
(Title of Officer)

\_\_\_\_\_, Indiana  
(Governmental Unit) (County)

Collections for Period \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

Description	Fund to be Credited	Collections This Period	Prior Collections	Year to Date Collections
Total Amount Collected				

SAMPLE

I hereby certify that the foregoing is a true and correct report of collections due the above named governmental unit for the period shown.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

**NOTE**

This is not to be used as a receipt for collections. The official to whom the report is made must issue an official receipt for the collections remitted.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title of Officer)

## COUNTY COURT/TRAFFIC VIOLATIONS BUREAU DAILY TRANSMITTAL REPORT

Date: \_\_\_\_\_

TO: Clerk of the Circuit Court, \_\_\_\_\_, County

I hereby certify that the following fines, costs, fees, and trusts items represent the total collections received on this date, as shown by the enclosed traffic tickets and copies of the official receipt numbers \_\_\_\_\_ to \_\_\_\_\_ inclusive.

Deputy Clerk of County Court/Traffic Violations  
Bureau (Choose Appropriate Title)

ITEMS	AMOUNT
Payable to State:	
Court Costs	
State User Fees	
Family Violence Fees	
Highway Work Zone Fees	
Payable to County:	
Court Costs	
Fines and Forfeitures	
Administrative Fees	
Document Fees	
Miscellaneous Fees	
Late Surrender Fees	
Vehicle License (Add Ex. Judgments)	
Overweight Vehicle Fines	
County User Fees	
Supplemental Public Defender Fees	
Special Death Benefit Fees	
GAL/CASA Fees	
Clerk's Record Perpetuation Fund	
Payable to Cities or Towns:	
City Fines	
Town Fines	
Trust Funds (List on Reverse Side)	
<b>TOTALS</b>	

SAMPLE

I hereby acknowledge receipt of the traffic tickets and copies of the official receipts submitted and verify the amount of \$\_\_\_\_\_ remitted with this report is true and correct.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

\_\_\_\_\_  
Clerk of \_\_\_\_\_ Circuit Court

<b>CLERK'S CASH BOOK AND DAILY BALANCE RECORD</b>				
Date of Balance _____, 19__				
	BEGINNING BALANCE	RECEIPTS DURING THE DAY	DISBURSEMENTS FOR THE DAY	ENDING BALANCE
Payable to State:				
Court Costs				
State User Fees				
Family Violence Fees				
Highway Work Zone Fees				
Payable to County:				
Court Costs				
Fines and Forfeitures				
Infraction Judgments				
Support Fees				
Marriage Licenses - County Share				
Administrative Fees				
Document Fees				
Miscellaneous Fees				
Late Surrender Fees				
Interest on Investments				
Vehicle License (Add Ex. Judg.)				
Overweight Vehicle Fines				
County User Fees				
Supplemental Public Defender Services Fees				
Special Death Benefit Fees				
GAL/CASA Fees				
Clerk's Record Perpetuation Fund				
Payable to Cities or Towns:				
City Fines				
Town Fines				
Support				
Garnishments				
Trust Funds				
<b>TOTALS</b>				

<b>DAILY CASH RECONCILEMENT</b>				
NAME OF DEPOSITORY	DEPOSITORY BALANCE AT BEGINNING OF DAY	DEPOSITS DURING THE DAY	CHECKS ISSUED DURING DAY	DEPOSITORY BALANCE AT CLOSE OF DAY
_____ Bank				
Investments				
Totals				
Add Cash on Hand at End of Day				
Plus Cash Short or Minus Cash Long				
<b>Total Cash Balance</b>				

**MONTHLY REPORT - CLERK OF THE CIRCUIT COURT**

Required by IC 33-17-2-8

MONTH ENDING \_\_\_\_\_ 19 \_\_\_\_ COUNTY \_\_\_\_\_

CHARGES: (Daily Balance Record and ISETS Daily Support Book)

1.	Fees payable to the state		\$	
2.	Fees payable to the county			
3.	Fees payable to the city or town			
4.	Trust funds			
5.	Support - ISETS			
6.				
7.	TOTAL CHARGES		\$	

CREDITS: (Daily Balance Record and ISETS Daily Support Book)

8.	_____ BANK		\$	
9.	_____ BANK			
10.	_____ BANK			
11.	_____ BANK			
12.	Subtotal: Daily Balance Record (46) (Lines 8 thru 11)			
13.	ISETS Monthly Clerk's Support Record (246MCR)		\$	
14.	TOTAL DEPOSITORY BALANCES AS SHOWN BY RECORDS (Line 12 + 13)		\$	
15.	Investments on hand at close of business last day of month			
16.	Cash in office at close of business last day of month			
17.	TOTAL			
18.	Cash short (add)			
19.	Cash long (deduct)			
20.	PROOF (line 7)		\$	\$

SAMPLE

DEPOSITORY RECONCILEMENT

21.	Balance in all depositories (bank statements)		\$	
22.	Deduct outstanding check (from schedule)			
23.	Net depository balance			
24.	Deposits in transit			
25.	Bank fees			
26.	Interest			
27.	Miscellaneous adjustments (explain fully)			
28.	Participant recoupments (short)			
29.	Agency recoupments			
30.	Balance in all depositories (line 14)		\$	\$
31.	PROOF		\$	\$

State of Indiana \_\_\_\_\_ County: ss: I, the undersigned Clerk of the Circuit Court in and for the aforesaid county and state, do hereby certify that the foregoing report is true and correct to the best of my knowledge and belief and as appears of record now on file in this office.

\_\_\_\_\_  
CLERK \_\_\_\_\_ CIRCUIT COURT

(SEAL)

- 1. CLERK: Retain White copy  
File 3 copies with Auditor
- 2. AUDITOR: File Canary copy with County Board of Finance  
File Pink copy with Board of County Commissioners  
Transmit Goldenrod copy to State Board of Accounts

Note: Prepare in quadruplicate not later than 25th day of each month

REPORT OF THE STATE SHARE OF FEES COLLECTED  
BY THE CLERK OF THE CIRCUIT COURT

\_\_\_\_\_ COUNTY

State Share \$ \_\_\_\_\_

I, the undersigned clerk of the circuit court of the said county, hereby certify that the foregoing is the correct amount of the State share of fees collected per IC 33-19-5-1 thru 6.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

SAMPLE

\_\_\_\_\_  
CLERK OF THE CIRCUIT COURT

Due each June and December. Make check payable to: Treasurer of State.

Send to:

Settlement Deputy  
240 State House  
Indianapolis, Indiana 46204

ATTORNEY GENERAL OF INDIANA

**REPORT OF UNCLAIMED FUNDS AND ESCHEATED ESTATES DUE THE STATE**

DATE PAID IN	FOR WHOM RECEIVED	RECORD	NO.	PAGE	AMOUNT
<p style="text-align: center;">This form to be used when reporting and paying to the Attorney General all unclaimed fees and funds for child support ten or more years old, other unclaimed funds over five years old, and escheated estates.</p> <p style="text-align: center;">This form is to be prepared in triplicate. It is furnished by the office of Attorney General.</p> <p style="text-align: center; font-size: 48px; opacity: 0.5;">SAMPLE</p>					

CLERK'S REPORT TO AUDITOR  
OF ADDITIONAL JUDGMENTS FOR EXCISE TAX

TO THE AUDITOR OF \_\_\_\_\_ COUNTY, INDIANA

COLLECTIONS FOR MONTH \_\_\_\_\_, 20\_\_

LAW ENFORCEMENT AGENCY	NO. OF CITATIONS ISSUED	AMOUNT COLLECTED
STATE POLICE		
COUNTY SHERIFF		
TOTALS		\$

SAMPLE

I SWEAR THAT THE ABOVE IS A TRUE AND CORRECT STATEMENT OF ALL COSTS AND FEES BELONGING TO THE ABOVE AGENCIES AND DEPARTMENTS COLLECTED BY ME FOR THE PERIOD SHOWN.

STATE OF INDIANA \_\_\_\_\_ COUNTY, SS

IC 9-18-2-41(b) PROVIDES THAT THE CLERK OF THE COURT SHALL ON A CALENDAR YEAR BASIS TRANSFER ADDITIONAL JUDGMENTS COLLECTED UNDER IC 9-18-2-41(a) TO THE COUNTY AUDITOR WHO SHALL DISTRIBUTE THE FUNDS TO THE LAW ENFORCEMENT AGENCIES RESPONSIBLE FOR ISSUING CITATIONS. THE PERCENTAGE OF FUNDS DISTRIBUTED TO A LAW ENFORCEMENT AGENCY EQUALS THE TOTAL NUMBER OF CITATIONS ISSUED BY THE LAW ENFORCEMENT AGENCY. THE STATE BOARD OF ACCOUNTS RECOMMENDS MONTHLY FILING OF THIS FORM TO ELIMINATE THE NECESSITY OF CARRYING THESE ITEMS IN TRUST.

\_\_\_\_\_ COURT

\_\_\_\_\_  
CLERK OF THE COURT

FEE BOOK

Date Filed \_\_\_\_\_ Case No. \_\_\_\_\_ Additional Information or Receipt \_\_\_\_\_  
 (Plaintiffs) (Defendants)

\_\_\_\_\_ vs. \_\_\_\_\_ User Fees \_\_\_\_\_  
 Court Costs \_\_\_\_\_ Misc. Fees \_\_\_\_\_

Amount of Judgment \_\_\_\_\_

Date of Judgment \_\_\_\_\_ JD \_\_\_\_\_ Pg. No. \_\_\_\_\_

Other Information \_\_\_\_\_

SAMPLE

Date Filed \_\_\_\_\_ Case No. \_\_\_\_\_ Additional Information or Receipt \_\_\_\_\_  
 (Plaintiffs) (Defendants)

\_\_\_\_\_ vs. \_\_\_\_\_ User Fees \_\_\_\_\_  
 Court Costs \_\_\_\_\_ Misc. Fees \_\_\_\_\_

Amount of Judgment \_\_\_\_\_

Date of Judgment \_\_\_\_\_ JD \_\_\_\_\_ Pg. No. \_\_\_\_\_

Other Information \_\_\_\_\_

SAMPLE

Date Filed \_\_\_\_\_ Case No. \_\_\_\_\_ Additional Information or Receipt \_\_\_\_\_  
 (Plaintiffs) (Defendants)

\_\_\_\_\_ vs. \_\_\_\_\_ User Fees \_\_\_\_\_  
 Court Costs \_\_\_\_\_ Misc. Fees \_\_\_\_\_

Amount of Judgment \_\_\_\_\_

Date of Judgment \_\_\_\_\_ JD \_\_\_\_\_ Pg. No. \_\_\_\_\_

Other Information \_\_\_\_\_

SAMPLE

Date Filed \_\_\_\_\_ Case No. \_\_\_\_\_ Additional Information or Receipt \_\_\_\_\_  
 (Plaintiffs) (Defendants)

\_\_\_\_\_ vs. \_\_\_\_\_ User Fees \_\_\_\_\_  
 Court Costs \_\_\_\_\_ Misc. Fees \_\_\_\_\_

Amount of Judgment \_\_\_\_\_

Date of Judgment \_\_\_\_\_ JD \_\_\_\_\_ Pg. No. \_\_\_\_\_

Other Information \_\_\_\_\_

SAMPLE

Date Filed \_\_\_\_\_ Case No. \_\_\_\_\_ Additional Information or Receipt \_\_\_\_\_  
 (Plaintiffs) (Defendants)

\_\_\_\_\_ vs. \_\_\_\_\_ User Fees \_\_\_\_\_  
 Court Costs \_\_\_\_\_ Misc. Fees \_\_\_\_\_

Amount of Judgment \_\_\_\_\_

Date of Judgment \_\_\_\_\_ JD \_\_\_\_\_ Pg. No. \_\_\_\_\_

Other Information \_\_\_\_\_

SAMPLE



IN THE \_\_\_\_\_ COURT

CASE NO. \_\_\_\_\_

\_\_\_\_\_  
Plaintiff/Petitioner

VS.

\_\_\_\_\_  
Defendant/Respondent

**CHANGE OF VENUE RECORD**

IC 34-35-5-2

To \_\_\_\_\_ County, Indiana: The following amount was expended in your case number \_\_\_\_\_. PROCEEDINGS IN COURT: See Certified Copy of Chronological Case Summary attached.

**EXPENSES OF TRIAL**

Description of Expenses	Costs	Description of Expenses	Costs
1) Expense of keeping the prisoner, if any		8) Official Shorthand Reporter, \$8.00 per trial date	
2) Expense of transporting the prisoner to or from any penal institution		9) Facilities and Utilities, \$10.00 per day of trial	
3) Any extraordinary expense for safekeeping the prisoner		10) Notifying the jury not to attend court after being summoned, the sum of \$5.00	
4) Allowance by the court for pauper attorney		11) Telephone or telegraph communications made or authorized by the court	
5) Expense of mileage, meals, lodging and per diems paid for or to jurors		12) Per diem of Clerk, \$2.00 per day	
6) Per diems paid jury commissioners for drawing any special venire			
7) To Court Bailiff per trial date, \$5.00 per day			

SAMPLE

CLAIM OF

\_\_\_\_\_  
County

**ON ACCOUNT OF CHANGE OF VENUE**

EXPENSES TO BE RECEIVED FROM

\_\_\_\_\_  
County

Amount: \$ \_\_\_\_\_

I hereby state that I have audited and allow the foregoing expenses of trial as a proper claim in favor of and against said Counties. The Auditor of this County is hereby directed to issue this order to the county from whom the venue of origin and this document shall be sufficient voucher and authority for requesting payment of those expenses.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Judge of the \_\_\_\_\_ Court

I hereby certify that the above Judge of said Court, and that the signature to the foregoing order is, to the best of my knowledge, true and genuine.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Clerk of the \_\_\_\_\_ Court  
(Seal)

Quietus number \_\_\_\_\_ was received on \_\_\_\_\_, 19\_\_\_\_, from \_\_\_\_\_ County.

**TRANSCRIPT OF COSTS IN CHANGE OF VENUE ACTION  
REQUIRED BY CH. 85, ACTS 1949**

STATE OF INDIANA,  
 \_\_\_\_\_ COUNTY      IN \_\_\_\_\_ SUPERIOR, CIRCUIT COURT  
 \_\_\_\_\_ F.B. \_\_\_\_\_ PAGE \_\_\_\_\_  
 \_\_\_\_\_ C.O.B. \_\_\_\_\_ PAGE \_\_\_\_\_  
 \_\_\_\_\_ J.D. \_\_\_\_\_ PAGE \_\_\_\_\_

VS.

\_\_\_\_\_  
 \_\_\_\_\_

CHANGE OF VENUE FROM \_\_\_\_\_ COUNTY, CIRCUIT COURT.  
 SUPERIOR

CAUSE NO. \_\_\_\_\_.

I, \_\_\_\_\_ CLERK OF THE CIRCUIT COURT OF SAID COUNTY, DO  
 HEREBY CERTIFY THAT THE FOLLOWING LIST OF FEES ACCRUED IN THE ABOVE  
 NAMED CAUSE ARE DUE \_\_\_\_\_ COUNTY AND ARE UNPAID AND  
 ARE OWING FROM \_\_\_\_\_

\_\_\_\_\_ TO WIT:  
 (Name of Judgment Debtor)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SAMPLE

TOTAL DUE \_\_\_\_\_ COUNTY      \$ \_\_\_\_\_

WITNESS MY HAND AND THE SEAL OF SAID COURT, HEREUNTO AFFIXED AT  
 \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 19\_\_

\_\_\_\_\_ CLERK

I, \_\_\_\_\_ CLERK \_\_\_\_\_ CIRCUIT  
 \_\_\_\_\_ SUPERIOR COURT  
 DO HEREBY CERTIFY THAT I HAVE RECEIVED THE ABOVE TRANSCRIPT OF COSTS  
 AND THE SAME HAS BEEN DULY ENTERED IN F.B. \_\_\_\_\_  
 PAGE \_\_\_\_\_ AND IN THE JUDGMENT DOCKET \_\_\_\_\_  
 PAGE \_\_\_\_\_ OF THE \_\_\_\_\_ SUPERIOR COURT.

WITNESS MY HAND AND THE SEAL OF SAID COURT THIS \_\_\_\_\_ DAY OF  
 \_\_\_\_\_, 19\_\_

CIRCUIT  
 CLERK \_\_\_\_\_ SUPERIOR COURT.

THIS TRANSCRIPT WILL BE PREPARED AND FILED IN DUPLICATE. THE  
 RECEIVING CLERK WILL RETAIN ONE COPY, RECEIPT THE OTHER COPY  
 AND RETURN IMMEDIATELY TO THE SENDING CLERK. THE RECEIVING  
 CLERK SHALL IMMEDIATELY ISSUE A FEE BILL AGAINST THE JUDGMENT  
 DEBTOR AND UPON RECEIPT OF COSTS HE SHALL REMIT TO CLERK  
 SENDING THIS TRANSCRIPT ALL COSTS DUE HIS COUNTY.

IN THE \_\_\_\_\_ COURT

CASE NO. \_\_\_\_\_

\_\_\_\_\_  
 Plaintiff/Petitioner )  
 )  
 VS. )  
 )  
 \_\_\_\_\_ )  
 Defendant/Respondent )

**CHANGE OF VENUE CLAIM**

**IC 34-35-5-2**

To \_\_\_\_\_ County, Indiana: The following amount was expended in your case number \_\_\_\_\_. PROCEEDINGS IN COURT: See Certified Copy of Chronological Case Summary attached.

**EXPENSES OF TRIAL**

Description of Expenses	Costs	Description of Expenses	Costs
1) Expense of keeping the prisoner, if any		8) Official Shorthand Reporter, \$8.00 per trial date	
2) Expense of transporting the prisoner to or from any penal institution		9) Facilities and Utilities, \$10.00 per day of trial	
3) Any extraordinary expense for safekeeping the prisoner		10) Notifying the jury not to attend court after being summoned, the sum of \$5.00	
4) Allowance by the court for pauper attorney		11) Telephone or telegraph communications made or authorized by the court	
5) Expense of mileage, meals, lodging and per diems paid for or to jurors		12) Per diem of Clerk, \$2.00 per day	
6) Per diems paid jury commissioners for drawing any special venire			
7) To Court Bailiff per trial date, \$5.00 per day			

**SAMPLE**

CLAIM OF

\_\_\_\_\_  
 County )  
 )  
 EXPENSES TO BE RECEIVED FROM )  
 )  
 \_\_\_\_\_ )  
 County )

**ON ACCOUNT OF CHANGE OF VENUE**

Amount: \$ \_\_\_\_\_

I hereby state that I have audited and allow the foregoing expenses of trial as a proper claim in favor of and against said Counties. The Auditor of this County is hereby directed to issue this order to the county from whom the venue of origin and this document shall be sufficient voucher and authority for requesting payment of those expenses.

Dated: \_\_\_\_\_

\_\_\_\_\_  
 Judge of the \_\_\_\_\_ Court

I hereby certify that the above Judge of said Court, and that the signature to the foregoing order is, to the best of my knowledge, true and genuine.

Dated: \_\_\_\_\_

\_\_\_\_\_  
 Clerk of the \_\_\_\_\_ Court  
 (Seal)

Quietus number \_\_\_\_\_ was received on \_\_\_\_\_, 19\_\_\_\_, from \_\_\_\_\_ County.

**SPECIMEN OF VENIRE FOR JURORS**

State of Indiana, \_\_\_\_\_ County, ss:

To the Sheriff of \_\_\_\_\_ County,

GREETING;

You are hereby commanded to summon

\_\_\_\_\_, Township,  
\_\_\_\_\_, Township,  
\_\_\_\_\_, Township,  
\_\_\_\_\_, Township,

SAMPLE

(To be printed with sufficient number of lines for each drawn at the beginning of each term.)

to appear in the \_\_\_\_\_ court of \_\_\_\_\_  
County, in the State of Indiana, at the Court House in the City of  
\_\_\_\_\_ on \_\_\_\_\_, to serve  
as \_\_\_\_\_ jurors for the \_\_\_\_\_  
Term, 19\_\_\_\_, of said court and have you then and there this writ.

IN TESTIMONY WHEREOF, I hereunto subscribe my name  
and affix the seal of said \_\_\_\_\_  
Court, at my office, in the City of \_\_\_\_\_  
the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
Clerk \_\_\_\_\_ Court  
\_\_\_\_\_, County

The clerk is to make the proper order book entry of  
the drawing of the names of prospective jurors, grand and  
petit. The entry shall be written in the order book and  
the names recorded in the order in which they were drawn.  
The clerk will affix his signature to the entry.

**CERTIFICATE ON CHANGE FROM COUNTY**

STATE OF INDIANA

SS:

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, Clerk of the Circuit Court, in the county of \_\_\_\_\_, State of Indiana, hereby certify that the above and foregoing is a fully, true, and complete transcript of the entries made in the cause of \_\_\_\_\_ vs. \_\_\_\_\_, pending in said court; that the papers herewith forwarded are the papers and all the papers filed in said cause and on file therein in my office, as follows: (List all papers)

WITNESS my hand and the seal of said Court this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

\_\_\_\_\_, Clerk.  
*SAMPLE*

**RECEIPT OF CLERK FOR PAPERS**

STATE OF INDIANA

SS:

COUNTY OF \_\_\_\_\_

Received of \_\_\_\_\_, clerk of the \_\_\_\_\_ Circuit Court, of \_\_\_\_\_ County, State of Indiana, his certified transcript of all entries made in the cause of \_\_\_\_\_ against \_\_\_\_\_ in said court, and the following original papers on file in said cause (name them the same as in the transcript, or as actually transmitted) and which said papers I have this day filed in my office.

Date this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_.

\_\_\_\_\_  
Clerk \_\_\_\_\_ Court

**ATTESTATION OF COURT RECORD -  
CERTIFICATE OF CLERK**

STATE OF INDIANA

SS:

COUNTY OF \_\_\_\_\_

Be it known, that on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, being the \_\_\_\_\_ judicial day of the \_\_\_\_\_, term, 19\_\_\_\_, of the Circuit Court, of \_\_\_\_\_ County, held at the court house in the city of \_\_\_\_\_, County of \_\_\_\_\_, and state of Indiana, before the Honorable \_\_\_\_\_ judge of said court, in the cause of \_\_\_\_\_ vs. \_\_\_\_\_, the following procedures were had:

(Here set out proceedings.)  
**SAMPLE**

STATE OF INDIANA

SS:

COUNTY OF \_\_\_\_\_

I, the undersigned, clerk of the Circuit Court of \_\_\_\_\_ County, in the state of Indiana, do hereby certify that the foregoing is a true and complete copy of the proceedings had in said court, and entered on the records thereof, in the above entitled cause, on the day and year first aforesaid, as appears of record in my office.

IN TESTIMONY WHEREOF, I hereunto subscribe my name and affix the seal of said court, at my office in the city of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
Clerk of the \_\_\_\_\_ Circuit Court

**OFFICIAL CHARACTER AND  
SIGNATURE OF CLERK-CONGRESSIONAL  
CERTIFICATE OF JUDGE**

STATE OF INDIANA **SAMPLE**  
SS:

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, sole judge of the \_\_\_\_\_  
Circuit Court of \_\_\_\_\_ County, and judge of  
the \_\_\_\_\_ Judicial Circuit of the state of Indiana, do  
hereby certify that \_\_\_\_\_ County, in the state  
of Indiana, constitutes the said \_\_\_\_\_ Judicial Circuit of  
said state, and that the foregoing attestation and certi-  
ficate of \_\_\_\_\_, Clerk, is in due form of law, and  
that the said \_\_\_\_\_ is, and at the time of the  
making of said certificate and attestation, was clerk of  
said \_\_\_\_\_ Circuit Court of \_\_\_\_\_  
County, in the said state, and is, and at the same time  
to make such attestation and cer-  
tificate, and that his signature thereto is genuine, and  
that as such clerk he is the sole custodian of the pa-  
pers, documents, records, and seal pertaining to said  
court.

WITNESS my hand and the seal of said court, af-  
fixed at the city or \_\_\_\_\_, state of Indiana, this  
\_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

\_\_\_\_\_  
Judge of the \_\_\_\_\_ Circuit  
Court of \_\_\_\_\_ County,  
Indiana, being the \_\_\_\_\_  
Judicial Circuit of said state.

**OFFICIAL CHARACTER AND  
SIGNATURE OF JUDGE-CONGRESSIONAL  
CERTIFICATE OF CLERK**

STATE OF INDIANA **SAMPLE**

SS:

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, clerk of the \_\_\_\_\_  
Circuit Court of \_\_\_\_\_ County, in the state  
of Indiana, said county constituting the \_\_\_\_\_ Judicial  
Circuit of said state, do hereby certify that \_\_\_\_\_  
whose signature appears to the foregoing certificate, is,  
and was at the time of signing said certificate, the sole  
judge of said court, duly commissioned and qualified in  
accordance with the laws of the state of Indiana.

IN TESTIMONY WHEREOF, I hereunto sub-  
scribe my name and affix the seal of said  
court, at my office in the city of \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
Clerk of the \_\_\_\_\_ Circuit Court  
of \_\_\_\_\_ County.

The congressional certificate of the judge and clerk  
are often required to accompany certified copies of record  
when forwarded to other states.

The clerk's attestation of court record as a true and  
complete copy may have to be altered to conform to the  
requirements of other states. Some states require that  
the clerk certify the record to be an exemplified copy  
and others require that the record be an authenticated  
copy.

The specimen of certificate submitted here will suf-  
fice in this state and will be generally accepted in most  
other states.

**CERTIFICATE OF AUTHORITY**

STATE OF INDIANA

COUNTY OF \_\_\_\_\_

SSS  
SAMPLE

I, \_\_\_\_\_, Clerk of the Circuit Court within and for said County and State, the same being a Court of Record, and having a seal, do hereby certify that \_\_\_\_\_ whose name is subscribed to the \_\_\_\_\_ to the annexed instrument was at the time of taking such \_\_\_\_\_ to-wit: \_\_\_\_\_ an acting \_\_\_\_\_ within and for the County aforesaid, duly commissioned and qualified, and authorized by the laws of the State of Indiana to take and certify the same, as well as the take and certify all affidavits, and the acknowledgment and proof of deeds or conveyances, and other instruments of writing.

AND FURTHER, that I am well acquainted with the handwriting of said \_\_\_\_\_ and verily believe that the signature to said \_\_\_\_\_ is genuine, and that said instrument is executed and acknowledged according to the laws of the state of Indiana.

IN TESTIMONY WHEREOF, I hereunto set my hand and affix the seal of the Circuit Court of said County, at \_\_\_\_\_, Indiana, this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_

\_\_\_\_\_  
Clerk of the \_\_\_\_\_ Circuit Court

This form is often required by other states to accompany an instrument bearing the jurat of a notary public.