

STATE OF INDIANA )  
 )SS:  
COUNTY OF SHELBY )

SHELBY SUPERIOR COURT II

CAUSE NO. 73D02-\_\_\_\_\_

**Plaintiff Name**\_\_\_\_\_

**Defendant**\_\_\_\_\_ *(et al)*

Address\_\_\_\_\_

Address\_\_\_\_\_

Address \_\_\_\_\_

Address\_\_\_\_\_

City State Zip \_\_\_\_\_

City State Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone\_\_\_\_\_

Email\_\_\_\_\_

Email\_\_\_\_\_

***NOTICE of CLAIM, SUMMONS to APPEAR, and NOTICE OF TRIAL***

**You (the Defendant) are being sued by the Plaintiff whose name appears above.** Plaintiff's Claim is for \$\_\_\_\_\_ dollars plus court costs \$\_\_\_\_\_ for:

Eviction

Back Rent

Goods

Services

Breach of Contract

Damages

Bad Check

Money Loaned

Vehicle Title

Other \_\_\_\_\_

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

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

**Trial for the lawsuit is scheduled for \_\_\_\_\_ at \_\_\_\_\_ o'clock in Shelby County Superior Court 2, 407 S. Harrison Street, Shelbyville, IN 46176.** If you fail to appear in person or by an attorney the Court may enter a default judgment against you.

Dated \_\_\_\_\_

\_\_\_\_\_  
*Plaintiff Signature*

(See important information on reverse side)

Manner of Service per Indiana Trial Rule 4 et seq.

Certified or Registered Mail by Plaintiff

Service by Sheriff of \_\_\_\_\_ County (\$28 fee)

Service by Plaintiff or Plaintiff's Agent. Complete a Civil-

Return of Service-Small Claim and file with the Court after attempting service by Plaintiff or Plaintiff's Agent.

You may contact the Plaintiff's attorney at:

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

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**IMPORTANT INFORMATION CONCERNING THIS CLAIM**

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1. Each Defendant must be served properly under Indiana Rules of Trial Procedure 4-4.17 and 86 for the Court to have jurisdiction. Unless served by Sheriff, Plaintiff shall file a Return Notice of Claim with the court after attempting Service of Process for each Defendant. The court cannot proceed without proper service.
2. You don't have to have an attorney to file or respond to a small claim. Individual human beings can either hire an attorney or represent themselves in a small claim case regardless of the amount of the claim. Corporate entities including LLCs or trusts may be represented by an attorney or by a FULL-TIME EMPLOYEE of the corporate entity as explained in paragraph 3. Sole proprietorships and partnerships may also be represented by a FULL-TIME EMPLOYEE.
3. A corporate entity, sole proprietorship, partnership, LLC, LLP or trust that wishes to designate an employee or trustee to represent it must file an executed certificate of compliance in each case appointing the person as its representative pursuant to Indiana Small Claim Rule 8(C). A sample certificate of compliance can be found on the Superior Court 2 website.
4. A court may sanction a designated employee or trustee and the entity represented by such designation for failure to comply with these rules or local rules of court. Sanctions may include assessments of costs or reasonable attorney's fees, the entry of a default judgment, the dismissal of a claim with or without prejudice, fines, and/or incarceration.
5. Plaintiff waives the right to trial by jury by filing a small claim. The Defendant may, within 10 days following service of the Notice of Claim, demand a trial by jury in writing, specifying that the demand is made in good faith, and supplying the affidavit required by Indiana Code 33-29-2-7. The Defendant must pay the difference in filing fees to the Clerk's office at the time of the jury request.
6. The Defendant must file any counterclaim with the Clerk in time to be mailed and received by the Plaintiff at least 7 calendar days before the trial date.
7. A claim must be filed in the county where the transaction or occurrence took place, where the obligation was incurred, or where the defendant resides or has his/her place of employment. Claims should be filed in the name of the party in interest. In eviction cases seeking possession, the claim must be filed in the name of the person that owns the property seeking possession.
8. Court costs must be paid in advance. The court may order a defendant to reimburse the Plaintiff for court costs.
9. This court cannot award more than \$10,000 in a small claims action.
10. If the claim is based upon a written instrument, a copy of the written instrument must be attached to the claim. If the claim is based upon an assignment, the claim must comply with Small Claim Rule 2(b).
11. All parties their representatives must complete and file an appearance form with the Clerk or Court.
12. Requests to continue the trial by either party must be received by the Court at least 2 business days before the trial date. Continuances are generally not favored and are not granted by telephone. Requests to continue can be mailed or delivered to Shelby Superior Court 2, 407 S. Harrison Street, Shelbyville IN 46176. The Courts' phone number is (317)392-6340. The Court is closed from 12-1 pm on business days for lunch.
13. Bring to trial all documents, photos, etc that you wish to submit concerning this claim. Written lists of damages with written explanations are very helpful to the Court. The Court will not consider exhibits displayed solely on electronic devices. Printed documents and photos should be of good quality and organized. The Clerk will furnish subpoenas if requested.
14. The Court will conduct a contested trial on the first trial setting so both parties should be prepared to go forward. Notify the Court at least two business days in advance if the trial will take more than 1/2 hour.
15. Be on time for trial. A claim may be dismissed or judgment may be entered against an absent party.
16. Parties may settle the case before trial, but they are not required to do so. If the case is settled before trial, Plaintiff shall either dismiss the case or file an Agreed Judgment with the Court. The Agreed Judgment must be signed by both the Plaintiff and the Defendant. The Court has Agreed Judgment forms to use. Even if a Defendant agrees to a judgment, he or she may appear in Court to establish a method by which the judgment may be paid.
17. An appeal must be initiated within 30 days of the entry of judgment. Appeals are complicated. An attorney should be consulted regarding an appeal.
18. A Small Claims Litigant's Handbook is available at [www.co.shelby.in.us](http://www.co.shelby.in.us) or at the court. Small claims rules can be found at [http://www.in.gov/judiciary/rules/small\\_claims/](http://www.in.gov/judiciary/rules/small_claims/). You can find information about your case at [www.public.courts.in.gov](http://www.public.courts.in.gov) or [www.co.shelby.in.us](http://www.co.shelby.in.us).

STATE OF INDIANA            )  
  )SS:  
COUNTY OF SHELBY        )

SHELBY SUPERIOR COURT 2

CAUSE NO. 73D02\_\_\_\_\_

**Plaintiff Name**\_\_\_\_\_

**V.**

**Defendant**\_\_\_\_\_ (Each Defendant gets their own service.)

(Not necessary to file this document if using Sheriff to serve)

**RETURN OF NOTICE OF CLAIM**

Pursuant to Indiana Rules of Trial Procedure 4-4.16 and 86 I affirm under penalties of perjury that:

☐ I served this Notice of Claim by personally delivering a copy to \_\_\_\_\_ at \_\_\_\_\_ o'clock on \_\_\_\_\_ 20\_\_ at the location of \_\_\_\_\_.

☐ I served the Summons and Notice of Claim via Certified or Registered Mail by mailing on the date of \_\_\_\_\_ with tracking # \_\_\_\_\_ to the following Defendant \_\_\_\_\_ at the Address of \_\_\_\_\_

☐ I served this Notice of Claim by leaving a copy:

- ✓ at the address listed on the notice of claim which is understood to be the person's dwelling house or usual place of abode, AND;
- ✓ on the date of \_\_\_\_\_ 20\_\_, the Notice of Claim was mailed via United States First Class Mail to the last known address of the person being served, namely the address listed on the Notice of Claim by the following person \_\_\_\_\_.

☐ I was unable to serve this Notice of Claim because:

- ☐ person moved or otherwise no longer living at the address.
- ☐ no such address in Shelby County.
- ☐ Other \_\_\_\_\_.

\_\_\_\_\_  
Name of Person Affirming Service

\_\_\_\_\_  
Unit # (If Applicable)

\_\_\_\_\_  
Agency (If applicable)

\_\_\_\_\_  
Printed

This page is intentionally blank.  
Recycle if printing.

) IN THE SHELBY SUPERIOR COURT 2

) CASE NO: 73D02-\_\_\_\_\_

VS.

**(Pro Se-Small Claim) Personal Appearance Form/ Party Information Sheet - Civil case**  
**PRINT OR WRITE NEATLY !**

If an email address is provided, all future court notices will be emailed. Check your email regularly!

Signature

Date

STATE OF INDIANA

) IN THE SHELBY SUPERIOR COURT 2

COUNTY OF SHELBY

)  
) CASE NO: 73D02-\_\_\_\_\_

\_\_\_\_\_  
Plaintiff

VS.

\_\_\_\_\_  
Defendant

**Party Information Sheet for Business or other Corporate Entity  
Civil case**

Full Name of Business																			
Business Address 1																			
Business Address 2																			
City State Zip																			
Phone. Is this a mobile phone ( ) yes ; ( ) no																			
FAX																			
Contact Person if Different than person on Page 1.																			
Mark if Business is the: [ ] Plaintiff [ ] Defendant																			
Case number of any related cases _____																			
<b>Electronic Mail / Correo Electronico:</b> Print neatly one letter or symbol per box.																			
@																			

Complete this page if a business is either Plaintiff or Defendant. **Page 2 of 2**

# SHELBY COUNTY SMALL CLAIM RULE 8 EMPLOYEE CERTIFICATE OF COMPLIANCE

Plaintiff \_\_\_\_\_

Cause# \_\_\_\_\_

Defendant \_\_\_\_\_

## SOLE PROPRIETORSHIP/PARTNERSHIP

*(Print name of Business below)*

\_\_\_\_\_ is a sole proprietorship or partnership and hereby designates the below named person whom is a **full-time** employee of the sole proprietorship or partnership to appear in small claims cases in Shelby Superior Court 2 in lieu of the sole proprietor or a partner. The sole proprietorship or partnership will be bound by any and all acts and/or agreements relating to the small claims proceedings entered into by the designated employee or trustee and will be liable for assessments and costs, including those assessed by reason of contempt, levied by a court against the designated employee. By authorizing a designated full-time employee or trustee to appear under this Rule, the sole proprietorship or partnership waives any present or future claim in this or any other forum in excess of \$10,000.

*Designated Employee* \_\_\_\_\_

I affirm under the pains and penalties of perjury that the above is true and accurate.

\_\_\_\_\_  
Sole Proprietor/ Partner Signature                      Date

\_\_\_\_\_  
Printed

## LLC/LLP/CORPORATE ENTITY OR TRUST

*(Print name of Business below)*

\_\_\_\_\_ is a Corporate Entity, Limited Liability Company (LLC), Limited Liability Partnership (LLP) or Trust under the laws of the State of Indiana and it anticipates to have or does have matters which are the subject of litigation in the Small Claims Division, Shelby Superior Court II, Shelbyville, Indiana. Therefore, it is RESOLVED by the governing board that the below named **full-time employee** is designated to appear in its stead with the understanding that the corporate entity, LLC, LLP, or trust will be bound by any and all acts and/or agreements relating to the small claims proceedings entered into by the designated employee or trustee and will be liable for assessments and costs, including those assessed by reason of contempt, levied by a court against the designated employee. By authorizing a designated full-time employee or trustee to appear under this Rule, the corporate entity, LLC, LLP, or trust waives any present or future claim in this or any other forum in excess of \$10,000.

*Designated Employee* \_\_\_\_\_

By SECRETARY OF THE BOARD

\_\_\_\_\_  
Signature    Date

\_\_\_\_\_  
Printed Name

## AFFIDAVIT OF EMPLOYEE TO APPEAR IN COURT UNDER INDIANA SMALL CLAIMS RULE 8

I, the employee, affirm under penalty of perjury that I have not been suspended or disbarred from the practice of law in the State of Indiana or any jurisdiction and I am a full-time employee as indicated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed

**THIS FORM MUST BE FILED IN EVERY CASE WHERE AN  
EMPLOYEE IS DESIGNATED.**

Address of Business \_\_\_\_\_

City State Zip \_\_\_\_\_

Phone \_\_\_\_\_; email \_\_\_\_\_