

STATE OF INDIANA)
COUNTY OF WHITE)

SS:

IN THE WHITE SUPERIOR COURT
CAUSE NO: 91D01-

Plaintiff's Name: _____

Address: _____

Phone: _____

E-mail: _____ Defendant's Name & Address

NOTICE OF CLAIM AND SUMMONS

You, the Defendant, have been sued by the Plaintiff whose name appears above. You must appear in White County Superior Court in person or by your attorney on:

_____, 20____ at _____ A.M. / P.M. for the hearing.

Plaintiff's claim is for:

- ☐ Contract, Note, or Account (copy attached).
- ☐ Personal Injury or Property
- ☐ Other, _____

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

The Plaintiff, demands judgment against you for \$ _____ plus court cost fees of this action, and applicable interest, if any.

Date

Plaintiff or Attorney Signature

(Attorney must sign if Plaintiff is represented by an Attorney)

THIS NOTICE SHALL BE SERVED UPON DEFENDANT (s) by:

____ CERTIFIED MAIL

____ SHERIFF of _____ County

Date

Clerk of White County

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Plaintiff's Name: _____

Address: _____

Defendant's Name & Address

AFFIDAVIT OF DEBT

SMALL CLAIMS APPENDIX A.

Comes now affiant, and states:

Plaintiff:

- Is the owner of this debt, and evidence of the debt, as required in Rule 2 (b) (4)(a) and (b), is attached as one or more Exhibits to this Affidavit.

OR

- Has obtained this debt from _____ and the original owner of this debt, as required in Rule 2 (B) (4) (c), is attached as one or more Exhibits to this Affidavit.

Date

Plaintiff or Attorney Signature

(Attorney must sign if Plaintiff is represented by an Attorney)

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COUNTY OF WHITE

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RETURN OF SERVICE

I hereby certify that I have served the within Notice of Claim and Notice to Appear for Trial:

1. By delivering a copy of the same to the defendant, _____
on the _____ day of _____, 20_____.

2. By leaving a copy of the same at:

_____ being the dwelling place or usual
place of abode of the said defendant, with a person of suitable age and discretion residing
therein, residing therein, namely _____.

Sheriff of: _____ County, _____

By: _____