

STATE OF INDIANA)
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COUNTY OF MARION)

IN THE SMALL CLAIMS COURT OF
Decatur Township
Hon. Jonathan Sturgill
3730 S. Foltz
Indianapolis, IN 46221
Phone: 317-241-2854 Fax: 317-247-5960

COUNTERCLAIM

Counter-Claimant (Original Defendant name,
address, phone),

vs.

Cause No. 49K02-_____

Counter-Defendant (Original Plaintiff name,
address, phone). The Defendant hereby files a Counterclaim against the Plaintiff.

A brief statement of the nature of this Counterclaim against you is as follows:

(Attach document(s) that support the above statement.)

The Defendant requests judgment against the Plaintiff for \$ _____, and court costs.

Date

Signature of Attorney or Pro Se Party

CONSTABLE'S RETURN OF SERVICE OF NOTICE OF CLAIM

I certify that on ____/____/____:

☐ I served this Notice of Claim by delivering a copy to the Defendant.

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

☐ at the dwelling or usual place of abode of the Defendant; OR

☐ with a person of suitable age and discretion residing therein, namely _____.

AND

☐ by mailing a copy of this Notice of Claim to the Defendant, by First Class Mail, to the address listed on the Notice of Claim (date copy mailed if different from below: _____, 20____).

☐ Service remarks concerning dwelling or abode: _____.

☐ I was unable to serve this Notice of Claim because _____.

Constable