INSTRUCTIONS ON FILING A CLAIM FOR POSSESSION OF PROPERTY

- You must complete the entire form except for the case number and court date and time. The court will do this. You must also include a short and clear statement describing why you are filing a claim in the summary portion of the *Claim for Possession of Property* form. You must complete Property Status Certification Affidavit

- If there is a **lease or contract**, a copy **must** be attached to the claim form.

- The appropriate appearance form (***Individual Appearance form or Appearance for Sole Proprietorship, Partnership, Corporation, LLC, LLP, or other Business Organization form***) must be completed and submitted at the same time the *Claim for Possession of Property* form is submitted.

- If you are requesting the defendant be served by the sheriff, you will need to provide a **stamped envelope addressed to the defendant**.

- When the appropriate forms are completed, bring the forms and the filing fee to the Bartholomew County Clerk office. The clerk will initiate the claim and receipt the filing fee. You will then take the forms to the small claims office where you will be given a hearing date and time.

- The filing fee is **$97.00** (service on one (1) defendant by certified mail.)
  There is a **$10.00** extra fee for each additional defendant.
  There is also a **$28.00** extra fee for sheriff to service defendant.

- If you have any further questions, feel free to contact our office at 812-379-1620. Most questions can be answered by referring to the small claims manual and the frequently asked questions.

SUMMONS FOR CLAIM FOR POSSESSION OF PROPERTY

SMALL CLAIM FORM CASE NO. O3D02

Attorney _____

Claimant _____

Address _____

_____

Telephone _____

Small Claims Division
Bartholomew Superior Court No. 2
Courthouse 3rd Floor, 234 Washington St.
Columbus, Indiana 47201
Telephone (812) 379-1620

AGAINST

_____ Name of Defendant

_____ Address

_____ City, State, Zip Code

_____ Telephone Number

SUMMONS

TO THE DEFENDANT(S): You have been sued by the Claimant whose name appears above.

You and the Claimant are to appear on the _____ day of _____, 20____ at _____.m. at the Bartholomew Superior Court No. 2 located on the third floor of the Bartholomew County Courthouse, Third and Washington Streets, Columbus, Indiana. Courtroom Number 306.

CLAIM FOR POSSESSION OF PROPERTY

The Claimant(s) claim that Defendant(s) have unlawfully retained possession of the property at _____ and that the Claimant is entitled to possession of such property, rental value of which $_____ per month/week. Claimant further claims that the defendant(s) are indebted to the claimant in the amount of $_____, which amount has not been paid and is due and owing. (brief summary)

_____

_____

_____

WHEREFORE, Claimant requests Judgment against the Defendant(s) in the amount of $_____ plus the costs of this action and any other proper relief.

Signed _____
Claimant

Following manner of service is hereby designated:

☐ Certified Mail to the address indicated above.

☐ Service by sheriff and mail copy to address indicated above or in care of employer, to wit.

_____

(Service by sheriff requires a stamped envelope addressed to defendant)

☐ Personal Service by Claimant (Claimant to file affidavit of personal service seven days prior to any hearing).

See Reverse for Instructions

Form No 07-ED

INSTRUCTIONS FOR BOTH PARTIES

1. **TRIAL**: Both parties must appear for trial at the Bartholomew Superior Court No. 2 in the Courthouse, Third Floor, Columbus, Indiana, at the date and time shown on the reverse side. If the Claimant fails to appear, the Claim may be dismissed. If the Defendant fails to appear, a default judgment against him may be entered and he may be required to pay the full amount, plus costs.

2. **PROCEDURE**: Simply tell your side of the case. There are no technical rules. Although you do not need to hire an attorney you may retain one **PRIOR TO TRIAL DATE**. Be prepared on the trial date. Bring all witnesses and documents with you. SUBPOENAS (an order to appear issued by the Court) may be issued if needed. Contact the Court as soon as possible. Documents you may need include books, records, receipts, warranties, etc.

3. **CORPORATIONS**: A corporation must appear by attorney, or, in unassigned claim not exceeding fifteen hundred dollars ($1,500.00), by a full time employee of the corporation designated by the Board of Directors to appear as the corporation in the presentation or defense of Claims arising out of the business of the corporation. A compliance form can be obtained upon request at the small claims office.

4. **CONTINUANCES**: If you are unable for good cause to appear at the time and place designated above, you must file a written request that the hearing be continued. Your request must specifically state why you cannot come to the hearing. All requests for continuances must be filed no later than seven (7) days before the hearing is scheduled.

5. **COUNTER-CLAIMS**: If you have a Claim for money against the Claimant arising out of the same transaction or occurrence, you may file a counter-claim with the Court. Counter-claim must be filed at least seven (7) days prior to the trial date. If the amount of your counter-claim exceeds the jurisdiction of this Court, you give up the right to the excess over that amount by filing your counter-claim in the small claims division. Both the Claimant's claim and your counter-claim will be heard at the same trial. However, if you wish to file a counter-claim larger than the jurisdiction of this Court, all formal and technical rules will apply, and for this reason, it is advisable that you contact an attorney.

6. **GENERAL QUESTIONS**: Court personnel may be able to answer general questions about the procedure and practices. The telephone number is **379-1620**. However, if you need legal advice, you **MUST** contact an attorney as neither the judge nor Court personnel can advise you.

7. **COURT COSTS**: The Claimant has to pay court costs when the lawsuit is filed. If the Claimant wins, the Defendant will be required to pay court costs, interest and attorney fees (in some cases) to the Clerk of the Court.

8. **CHANGE OF TELEPHONE OR ADDRESS**: Advise the Court of any changes in telephones or addresses after the lawsuit is filed.

9. **PAYMENTS**: Payments must be made to the Clerk of the Courts unless other procedures are established by the Court.

10. **WHEN PAID IN FULL**: When a judgment has been PAID IN FULL by the Defendant, the Claimant or Counsel **MUST** go to the office of the Clerk of the Courts, first floor of the Courthouse, and release the judgment against the Defendant.

11. **NONPAYMENT OF JUDGMENT**: When a losing Defendant fails to pay the judgment as ordered by the Court, you may file proceedings to gain information concerning the Defendant's assets. There are generally no additional costs for this proceeding, however, there may be exceptions.

12. **JURY TRIAL**: The Claimant has waived his right to jury trial by filing this small claim. A Defendant may request a jury trial by filing a written request with the Court stating the reasons, including the statement that there are questions of fact requiring jury trial, and that the request is made in good faith. It **MUST** be filed within ten (10) days from the date you received this notice or the jury trial is waived. The Defendant must also pay an additional fee upon the jury trial request. Jury trials are tried under formal rules of procedure and evidence, and for this reason it is advisable that you contact an attorney.

13. **JURISDICTION**: You must file the Claim in the county where the transaction or occurrence took place, where the obligation was incurred or where it is to be performed, or where the Defendant resides or has his place of employment.

14. **APPEAL**: The decision of the Court may be appealed to the Indiana Court of Appeals. You will be unable to appeal unless you notify an attorney in time to allow him to take action within thirty (30) days after judgment is entered. For this reason you should contact an attorney not later than seven (7) days after judgment.

Form must be completed effective August 11, 2020

STATE OF INDIANA	)	BARTHOLOMEW SUPERIOR COURT 2
	)	
COUNTY OF BARTHOLOMEW	)	CASE NUMBER: _____
	)	
	)	
_____	)	
Plaintiff(s)	)	
vs.	)	
	)	
_____	)	
Defendant(s)		

PROPERTY STATUS CERTIFICATION AFFIDAVIT

I, _____, as the owner/property manager of the real estate commonly known as

_____ (Property Address) **which** is the subject matter of this case affirms the property is a:

(Appropriate box MUST be checked)

☐ **Covered property**

a. The property associated with Notice of Claim for Possession of Real Estate is a federally subsidized apartment, and is supported by HUD, USDA or the Treasury (Low Income Housing Tax Credit). Further, if the home is a single-family dwelling, I verify that the property is backed by a federally financed mortgage through FHA, Fannie Mae, and Freddie Mac mortgage.

b. I have reviewed the CARES Act on evictions for non-payment of rent from federally-subsidized housing and federally backed mortgages.

c. I am not filing this claim prior to the expiration of the 30-day notice sent to the tenant.

OR

☐ **Non-covered property**

The property associated with Notice of Claim for Possession of Real Estate is **NOT** a federally subsidized apartment, and is not supported by HUD, USDA or the Treasury (Low Income Housing Tax Credit). Further, if the home is a single-family dwelling, I verify that the property is not backed by a federally financed mortgage through FHA, Fannie Mae, and Freddie Mac mortgage.

I affirm, under the penalties for perjury, that the foregoing representation is true to the best of my knowledge and belief.

_____ _____

Date **Landlord/Attorney for Landlord**

Certificate of Service

I hereby certify that a copy of this document was sent to the parties or their counsel by _____ (US Mail, E-Service, Sheriff, other manner allowed by IN Trial Rules).

_____ _____

Date Name

STATE OF INDIANA

COUNTY OF BARTHOLOMEW

SS: IN THE BARTHOLOMEW SUPERIOR COURT NO 2

CASE NO: 03D02-_____

_____
Claimant(s)

vs

_____
Defendant(s)

INDIVIDUAL APPEARANCE

This Appearance Form must be filed on behalf of every party in a civil case.

1. My Name is_____ and I am

   Initiating (filing) _____
   Responding (answering or defending) _____
   Intervening _____

   If you are the Claimant check Initiating; If you are Defendant check Responding.

   in this case and am representing myself.

2. Contact information for receiving legal service of documents and case information is required by Court Rules: (NOTE: *If you are the Initiating party and this case, or a related case, involves a protection from abuse order, a workplace violence restraining order, or a no-contact order, you must provide an address for the purpose of legal service of documents but that address should not be one that exposes the whereabouts of a petitioner*)

   THIS INFORMATION IS REQUIRED:
   (IF AN EMAIL ADDRESS IS PROVIDED, THE ONLY NOTICE OF FUTURE COUT HEARINGS WILL BE THROUGH EMAIL NOTIFICATION ONLY. IF YOU DO NOT USE YOU EMAIL ADDRESS ON A REGULAR BASIS, PLEASE DO NOT LIST IT.)

   Address: _____

   Email Address: _____

   Phone: _____

   OR, if in the related case, you have used the Attorney General Confidential address, you may check _____ Attorney General confidential address (contact the Attorney General 1-800-321-1907 or email address is confidential@atg.state.in.us)

3. This is a _____case type as defined in administrative Rule 8(B)(3).
   (Clerk will supply this information).

4. I will accept service by FAX at the following number _____

_____
Signature - Self-Represented Party

STATE OF INDIANA

SS: IN THE BARTHOLOMEW SUPERIOR COURT NO 2

COUNTY OF BARTHOLOMEW

CASE NO: 03D02-_____

_____
Claimant(s)

vs

_____
Defendant(s)

APPEARANCE FOR SOLE PROPRIETORSHIP, PARTNERSHIP, CORPORATION, LLC, LLP, OR OTHER BUSINESS ORGANIZATION

This Appearance Form must be filed on behalf of every party in a civil case.

1. Organization or Business Name _____.

   My name is _____ and I am the designated representative

   {See. Small Claims rule 8 (c)(2) and (3)} for _____ and we are the:

   Initiating (filing) _____
   Responding (answering or defending) _____
   Intervening _____

   If you are the Claimant check Initiating; If you are Defendant check Responding.

2. Contact information for receiving legal service of documents and case information is required by Court Rules: (NOTE: *If you are the Initiating party and this case, or a related case, involves a protection from abuse order, a workplace violence restraining order, or a no-contact order, you must provide an address for the purpose of legal service of documents but that address should not be one that exposes the whereabouts of a petitioner*)

   THIS INFORMATION IS REQUIRED:

   Address: _____

   Email Address: _____

   Phone: _____

   OR, if in the related case, you have used the Attorney General Confidential address, you may check _____ Attorney General confidential address (contact the Attorney General 1-800-321-1907 or email address is confidential@atg.state.in.us)

3. This is a _____case type as defined in administrative Rule 8(B)(3).
   (Clerk will supply this information).

4. I will accept service by FAX at the following number _____

_____
Signature - Self-Represented Party