

INSTRUCTIONS ON FILING A CLAIM FOR DAMAGES

- 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 form.
- If your claim is based on a contract, a **copy of the contract must** be attached. If your claim is about an unpaid account, a copy of the most recent bill or account statement must be attached to each copy of the claim form.
- The ***Affidavit of Debt*** form and appropriate appearance form (***Individual Appearance form or Appearance for Sole Proprietorship, Partnership, Corporation, LLC, LLP, or other Business Organization***) must be completed and submitted at the same time the *Notice of Claim* 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's 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.

SMALL CLAIM FORM CASE NO. O3D02

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

Attorney _____

Claimant _____

Address _____

Telephone _____

AGAINST

Name of Defendant

Address

City, State, Zip Code

Telephone No.

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 _____ o'clock _____ m. at the Bartholomew Superior Court No. 2 located on the third floor of the Bartholomew County Courthouse, Third and Washington Streets, Columbus, Indiana.

CLAIM FOR DAMAGES

Comes now the Claimant, and for cause of action against Defendant(s), says: That the Defendants(s) is/are indebted to the Claimant in the amount of _____ Dollars, which amount has not been paid and is now due and owing. (brief summary)

WHEREFORE, Claimant prays for 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 on the Defendant as indicated above or in care of his employment to wit:

_____ Service on Defendant by sheriff as indicated above or in care of his employment, to wit:

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.

AFFIDAVIT OF DEBT PURSUANT TO TRIAL RULE 9.2

THE AFFIANT NOW STATES:

I _____ AM PLAINTIFF
(NAME OF AFFIANT) **OR**
 A DESIGNATED FULL-TIME EMPLOYEE OF _____
(NAME OF PLAINTIFF)

I AM OF ADULT AGE AND AM FULLY AUTHORIZED BY PLAINTIFF TO MAKE THE FOLLOWING REPRESENTATIONS. I AM FAMILIAR WITH THE RECORDKEEPING PRACTICES OF PLAINTIFF. THE FOLLOWING REPRESENTATIONS ARE TRUE ACCORDING TO DOCUMENTS KEPT IN THE NORMAL COURSE OF PLAINTIFF'S BUSINESS AND/OR MY PERSONAL KNOWLEDGE:

PLAINTIFF:

- IS THE ORIGINAL OWNER OF THIS DEBT.
- OR**
- HAS OBTAINED THIS DEBT FROM _____ AND THE ORIGINAL OWNER OF THIS DEBT WAS _____.

_____, DEFENDANT, HAS AN UNPAID BALANCE OF \$ _____ ON ACCOUNT _____
(NAME OF DEFENDANT) (LAST 4 DIGITS OF NUMBER OR ID ONLY)
THAT AMOUNT IS DUE AND OWING TO PLAINTIFF. THIS ACCOUNT WAS OPENED ON _____.
THE LAST PAYMENT FROM DEFENDANT WAS RECEIVED ON _____ IN THE AMOUNT OF \$ _____.

THE TYPE OF ACCOUNT IS:

- CREDIT CARD ACCOUNT (I.E. VISA, MASTERCARD, DEPARTMENT STORE, ETC.)
LIST THE NAME OF THE COMPANY/STORE ISSUING CREDIT CARD:

- ACCOUNT FOR UTILITIES (I.E. TELEPHONE, ELECTRIC, SEWER, ETC.)
- MEDICAL BILL ACCOUNT (I.E. DOCTOR, DENTIST, HOSPITAL, ETC.)
- ACCOUNT FOR SERVICES (I.E. ATTORNEY FEES, MECHANIC FEES, ETC.)
- JUDGMENT ISSUED BY A COURT (A COPY OF THE JUDGMENT IS REQUIRED TO BE ATTACHED)
- OTHER: (PLEASE EXPLAIN) _____

THIS ACCOUNT BALANCE INCLUDES:

- LATE FEES IN THE AMOUNT OF \$ _____ AS OF _____
(MONTH, DAY, YEAR)
- OTHER (EXPLAIN) _____
- INTEREST AT A RATE OF _____ % BEGINNING ON _____
(MONTH, DAY, YEAR)

PLAINTIFF:

- IS SEEKING ATTORNEY'S FEES AND ADDITIONAL EVIDENCE WILL BE PRESENTED TO THE COURT PRIOR TO ENTRY OF JUDGMENT ON ATTORNEY'S FEES.
- OR**
- IS NOT SEEKING ATTORNEY'S FEES.

PLAINTIFF BELIEVES THAT DEFENDANT IS NOT A MINOR OR AN INCOMPETENT INDIVIDUAL.

I SWEAR OR ARRIFM UNDER THE PENALTIES OF PERJURY THAT THE FOREGOING REPRESENTATIONS ARE TRUE.

DATED: _____ SIGNATURE OF AFFIANT: _____

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:

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

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) _____	<i>If you are the Claimant check</i>
Responding (answering or defending) _____	<i>Initiating; If you are Defendant</i>
Intervening _____	<i>check Responding.</i>

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*)

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Phone: _____

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Signature - Self-Represented Party