

BARTHOLOMEW COUNTY CLERK
 P.O. Box 924 • 234 Washington St.
 Columbus, IN 47202-0924
 812-379-1600

CIRCUIT COURT – 812-379-1605
 SUPERIOR COURT 1 – 812-379-1623
 SUPERIOR COURT 2 – 812-379-1610
Process Receipt and Return

PLAINTIFF	COURT CASE NUMBER
DEFENDANT	TYPE OF PROCESS

SERVE TO	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
	ADDRESS, (Street or County, House Number, City, State and Zip Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: ----- ┌ └	SUMMONS	
	RULE TO SHOW CAUSE	
	OTHER	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

FOLD FOLD

Attorney or other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	
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The State of Indiana to Defendant _____ You have been sued by the person(s) named "plaintiff", in the court stated above.

The nature of the suit against you is stated in the complaint which is attached to this document. It also states the demand which plaintiff has made and wants from you.

You must answer the complaint in writing, by you or your attorney within 20 days or 23 days commencing the day after you receive this summons, or judgment may be entered against you for what the plaintiff has demanded.

If you have a claim for relief against the plaintiff arising from the same transaction or occurrence, you must assert it in your written answer.

Dated _____ 20 _____
Clerk, Bartholomew County Courts

SPACE BELOW FOR USE OF SHERIFF ONLY - DO NOT WRITE BELOW THIS LINE

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above. (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode
Address (complete only if different than shown above)	Date of Service _____ Time _____ am pm
	Signature of sheriff or deputy _____

REMARKS	<input type="checkbox"/> Further summons was sent by first class mail at the above address.
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SPACE BELOW FOR USE OF CLERK OF THE COURT ONLY

CLERK'S RETURN FOR CERTIFIED MAIL

I hereby certify that I mailed a copy of the above indicated document to the defendant by certified mail, requesting a return receipt, addressed to said defendant at the address furnished by the plaintiff.

Dated _____ 20 _____ Clerk, Bartholomew County Courts

I hereby certify that attached copy of return receipt was received, signed by the addressee or signed by another on _____ 20 _____

Certified mail returned unserved: unclaimed refused insufficient address or other reason _____

Dated _____ 20 _____ Clerk, Bartholomew County Courts Form No. 8

BARTHOLOMEW COUNTY CLERK
P.O. Box 924 • 234 Washington St.
Columbus, IN 47202-0924
812-379-1600

CIRCUIT COURT – 812-379-1605
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Address (complete only if different than shown above)							
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Dated _____ 20 _____

Shari J. Lentz
 Clerk, Bartholomew County Courts

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