

**SMALL CLAIM**

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Town or City  
Telephone No. \_\_\_\_\_

WELLS SUPERIOR COURT  
Courthouse  
Bluffton, Indiana 46714  
Telephone (260) -824-3287

Plaintiff(s)

Against

CASE NO. 90D01-\_\_\_\_\_ - SC - \_\_\_\_\_

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Town or City  
Telephone No. \_\_\_\_\_

Defendant(s)

**NOTICE OF CLAIM**

TO THE DEFENDANT(S): You have been sued by the Plaintiff whose name appears above.  
The trial date for this lawsuit is the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, \_\_\_M.  
In the Wells Superior Court, Third Floor, Courthouse, Bluffton, Indiana.

The Plaintiff's claim is for:

Account or Note (Attached)  
Wages

Rent  
Other \_\_\_\_\_

A brief statement of the nature of the plaintiff's claim against you is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Plaintiff demands judgment against the Defendant for \$ \_\_\_\_\_, plus interest from  
\_\_\_\_\_, 20\_\_\_\_, at the rate of \_\_\_\_\_% and the costs of this action (\$\_\_\_\_\_).

Dated: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Attorney for) Plaintiff(s)

You may pay this claim and court costs before trial and have the case dismissed.  
If you dispute this claim you must notify the Court at least (7) days before the trial date. If you fail to notify the Court, the Plaintiff may be granted a continuance on the trial date. You should bring to the trial all documents you have concerning the claim.  
If you fail to appear in Court on the date and at the time set for trial, the Plaintiff can receive a judgment for the amount claimed, plus court costs.  
If you have any Counterclaim arising from the same transaction or an occurrence which is the subject matter of the Plaintiff's claim, you may file a statement of such claim with the Court, and send a copy to the Plaintiff, at least (7) days prior to trial.  
By filing this small claim, the Plaintiff has waived the right to a trial by jury. You have ten (10) days from receipt of this notice to file an affidavit requesting a jury trial and to pay the costs for transferring the case. Your failure to do so waives your right to trial by jury.  
Once a jury trial request has been granted, it may not be withdrawn without the consent of all other parties. Within ten (10) days after the granting of a jury trial request, the requesting party shall pay to the Clerk the additional amount required by statute to transfer the claim to the Court's plenary docket; otherwise, there will be no jury trial.  
You may represent yourself in this court. You do not need to employ an attorney. You may, however, have an attorney represent you if you wish.  
All corporations must be represented by an attorney if the claim exceeds \$6,000.00.  
If you do not wish to dispute the claim, you may nonetheless appear for the purpose of allowing the Court to establish a method of payment. You should, however, first contact the Plaintiff or the Plaintiff's attorney and attempt to arrange payment.  
If this lawsuit should require a trial before the Court, you will at the time of trial be required to appear with your witness and any documents required to prove your side of the case.  
Manuals explaining small claims procedures are available for both Plaintiff and Defendant at the office of the Clerk of Wells Superior Court.  
IF YOU CANNOT APPEAR ON THE DATE AND TIME INDICATED, CONTACT THE COURT IMMEDIATELY UPON RECEIPT OF THIS NOTICE.

STATE OF INDIANA )  
 ) SS:  
COUNTY OF WELLS )

IN THE WELLS SUPERIOR COURT

Case Number: 90D01 - \_\_\_\_\_ - SC - \_\_\_\_\_

(To be supplied by Clerk when case is filed.)

(Caption)

APPEARANCE BY SELF-REPRESENTED PERSON IN CIVIL CASE

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 \_\_\_\_\_ ;

in this case and am representing myself.

2. My contact information for receiving legal service of documents and case information as required by Court Rules: (NOTE: If you are the Initiating party and this case involves a protection from abuse order, a workplace violence restraining order, or a no-contact order, DO NOT answer here. Answer Question #6 instead.)

Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

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 above-noted number. Yes \_\_\_\_\_ No \_\_\_\_\_
5. This case involves child support issues. Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, supply social security numbers for all family members on a separately attached document filed as confidential information on light green paper. Use Form TCM-TR3.1-4.)
6. This case involves a protection from abuse order, a workplace violence restraining order, or a no-contact order. Yes \_\_\_\_\_ No \_\_\_\_\_ (If Yes, the Initiating party (petitioner) 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.) The following address shall be used for purposes of legal service of documents to me:

\_\_\_\_\_ The Attorney General Confidentiality program address

(contact the Attorney General at 1-800-321-1907 or e-mail address is confidential@atg.state.in.us).

\_\_\_\_\_ Another address (provide)

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7. This case involves a petition for involuntary commitment: Yes \_\_\_\_\_ No \_\_\_\_\_

8. If Yes above, provide the following regarding the individual subject to the petition for involuntary commitment:

a. Name of the individual subject to the petition for involuntary commitment:

b. State of Residence of person subject to the petition: \_\_\_\_\_

c. At least one of the following pieces of identifying information:

i. Date of Birth: \_\_\_\_\_

ii. Driver's License Number: \_\_\_\_\_

State where issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

iii. State ID number \_\_\_\_\_

State where issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

iv. FBI Number \_\_\_\_\_

v. Indiana Department of Corrections Number \_\_\_\_\_

Social Security Number is available and is being provided in an attached confidential document Yes \_\_\_\_\_ No \_\_\_\_\_

9. There are related cases: Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, list on continuation page.)

10. Additional information required by local rule:

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\_\_\_\_\_  
Self-Represented Party

**AFFIDAVIT OF DEBT**

Comes now affiant, and states:

I, \_\_\_\_\_, am:  
*(Name of Affiant)*

\_\_\_\_\_ the Plaintiff

**OR**

\_\_\_\_\_ a designated full-time employee of \_\_\_\_\_, which is the Plaintiff.  
*(Name of Plaintiff)*

I am of adult age and am fully authorized by Plaintiff to make the following representations. I am familiar with the record keeping 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 number \_\_\_\_\_.  
*(Name of Defendant)* *(Last 4 digits 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 (e.g. Visa, MasterCard, Department Store, etc.)

List the name of the Company / Store issuing the credit card: \_\_\_\_\_

\_\_\_\_\_ Account for utilities (e.g. telephone, electronic, water / sewer, etc.)

\_\_\_\_\_ Medical bill account (e.g. doctor, dentist, hospital, etc.)

\_\_\_\_\_ Account for services (e.g. attorney fees, mechanic fees, etc.)

\_\_\_\_\_ Judgment issued by a court (a copy of the judgment is required to be attached)

\_\_\_\_\_ Other (Please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 to support the claim for attorney's fees.

**OR**

\_\_\_\_\_ is not seeking attorney's fees.

Plaintiff believes that Defendant is not a minor or an incompetent individual.

If the defendant is an individual, Plaintiff states and declares that:

\_\_\_\_\_ Defendant is not on active military service. Plaintiff's statement that Defendant is not on active military service is based upon the following facts: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**OR**

\_\_\_\_\_ Plaintiff is unable to determine whether or not Defendant is on active military service.

*["Active military service" includes full-time duty in the military (including the National Guard and reserves) and, for members of the National Guard, service under a call to active service authorized by the President or Secretary of Defense. For further information, see the definition of "military service" in the Servicemembers Civil Relief Act, as amended, 50 U.S.C.A. Appendix §521]*

I swear or affirm under the penalties for perjury that the foregoing representations are true.

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Affiant)