

**NOBLE SUPERIOR COURT DIVISION 2**  
**SMALL CLAIMS - 3rd Floor Court House**  
101 North Orange St., Albion, Indiana 46701  
Phone: Court 260-636-2129 Clerk 260-636-2736

**Amount of Claim** \$ **\*DOLLAR AMOUNT\***  
*(\$6000.00 Max. individual / \$1500.00 Business)*  
**\$10.00 per Addtl Defendant** + \$ \_\_\_\_\_  
**\$13.00 for Sheriff Service** + \$ \_\_\_\_\_  
**Court Costs** + \$ **76.00**

**Total** = **\*TOTAL\***  
*(Cash, Money Order or Business Checks Only)*

**CLAIM NUMBER** \_\_\_\_\_

**\*Your Name**

**\*\*EXAMPLE\*\***

Plaintiff Name

Plaintiff Name

Street Address

Street Address

City, State, Zip

City, State, Zip

Phone \_\_\_\_\_

Phone \_\_\_\_\_

**AGAINST**

**\*Their Name**

Defendant Name

Defendant Name

Street Address

Street Address

City, State, Zip

City, State, Zip

Phone \_\_\_\_\_

Phone \_\_\_\_\_

SS# Last 4 numbers only \_\_\_\_\_ Birth date \_\_\_\_\_

SS# Last 4 numbers only \_\_\_\_\_ Birth date \_\_\_\_\_

**\*\*NOTICE TO APPEAR\*\***

TO THE DEFENDANT(S): You have been sued by the Plaintiff whose name appears above. The trial date for this law suit

is on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ at \_\_\_\_\_ M., at **Courthouse** [ ]  
**Kendallville** [ ]

**STATEMENT OF SMALL CLAIM COMPLAINT**

**\*Your Name**

\_\_\_\_\_ state(s) that (he is/she is/they are) the Plaintiff(s) in the proceeding, that the statement of claim herein contained is true, that the Defendant(s) owe(s) the Plaintiff(s) owe(s) the amount claims and further that:

1. Defendant(s) is (are) not now serving in the Armed Forces of the United States of America.
2. To the best of my (our) belief and knowledge the Defendant(s) is (are) not under legal disability and has (have) sufficient understanding to realize the nature and effect of this Notice of Small Claim.

I (we) the undersigned, claim the Defendant(s) is (are) indebted to the Plaintiff(s) in the sum of \$ **\*Dollar Amount\*** for

**\*Reason for Filing\***

If based upon written agreement or open account, a copy of same is attached and marked as "Exhibit A".

I (we) affirm under the penalties of perjury that the above representations are true to the best of my (our) knowledge and beliefs.

**\*Your Signature(s)**

Plaintiff (signature)

Attorney for Plaintiff

Plaintiff (signature)

Attorney Number

Service by: Certified Mail \_\_\_\_\_ Sheriff of \_\_\_\_\_ County (+\$13.00 Sheriff Service Fee)

\*Revised 7/08