

Clerk of the Decatur Circuit Court  
150 Courthouse Square, Room 244  
Greensburg, Indiana 47240  
Phone: (812)663-8223  
Email: [clerk@decaturcounty.in.gov](mailto:clerk@decaturcounty.in.gov)

Decatur Superior Court  
Courthouse 2<sup>nd</sup> Floor  
150 Courthouse Square, Room 216  
Greensburg, Indiana 47240  
Phone: (812)663-8523

**NOTICE OF CLAIM TO DEFENDANT**  
**TYPE OF SMALL CLAIM:    [ ] ORIGINAL FILING    [ ] ALIAS    [ ] COUNTERCLAIM**

CASE NO. 16D01-\_\_\_\_\_-SC-\_\_\_\_\_

Service by:     Certified Mail  
                   Sheriff of \_\_\_\_\_ County

**Fill in box completely:**

**SERVE TO:**

_____ Plaintiff's Name	VS.	_____ Defendant's Name		
_____ Street and Number		_____ Street and Number		
_____ City	_____ State	_____ City	_____ State	_____ Zip
_____ Telephone Number		_____ Telephone Number		
<b>Email:</b> _____		<b>Email:</b> _____		

You (the Defendant) have been sued by the Plaintiff whose name appears above. This claim has been scheduled for **trial on Tuesday, the \_\_\_\_ day of \_\_\_\_\_, 201\_\_ at 8:30 A.M.** in the Decatur Superior Courtroom located on the second floor of the Courthouse at 150 Courthouse Square, Suite 216, Greensburg, Indiana 47240.

The Plaintiff's claim is for:     Note, Contract (copy must be attached), or Account (affidavit of debt form must be attached)     Rent     Wages     Other (specify) \_\_\_\_\_. A brief statement of the Plaintiff's claim against you is as follows:

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

The Plaintiff demands judgment against the Defendant for \$\_\_\_\_\_, and the costs of this action.

\_\_\_\_\_  
Plaintiff's Signature

\_\_\_\_\_  
Date

**\*SEE PAGE TWO FOR IMPORTANT INFORMATION CONCERNING THIS CLAIM**

**IMPORTANT INFORMATION CONCERNING THIS CLAIM**

1. You may appear at the trial either in person or by an attorney. You should bring to the trial all documents in your possession or under your control concerning this claim. If you do not wish to dispute the claim, you may nonetheless appear for the purpose of allowing the Court to establish the method by which the judgment shall be paid.

2. If you are unable to appear at the time or place designated in this notice, you may contact the Court Reporter of the Decatur Superior Court, 150 Courthouse Square, Room 219, Greensburg, Indiana 47240, (812) 663-8523, between the hours of 8:00 a.m. and 4:00 p.m., Monday through Friday. If you fail to appear for the trial, a judgment by default may be entered against you.

3. A defendant has the right to a trial by jury but must make a written request within ten (10) days of receipt of this Notice of Claim. Within ten (10) days after the request for a jury trial has been granted, the party requesting a jury trial shall pay the clerk the additional amount required by Indiana Code 33-28-3-7 (\$70.00) to transfer the case to the plenary docket; otherwise, the party requesting a jury trial shall be deemed to have waived the request. Once a jury trial request has been granted, it may not be withdrawn without the consent of the other party or parties.

4. A copy of small claims manual provided as required by Small Claims Rule 13 is available upon your request at the office of the clerk of this court.

**CERTIFICATE OF MAILING**

I hereby certify that on the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, I mailed a copy of this notice to each of the defendant(s) \_\_\_\_\_ by certified mail requesting a return receipt addressed to each of said defendant(s) \_\_\_\_\_ at the address(es) furnished by the plaintiff.

DATED: \_\_\_\_\_  
Clerk, Decatur Circuit Court

**SHERIFF'S RETURN OF SERVICE OF NOTICE**

I hereby certify that I have served the within notice:

- (1) by delivering on the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, a copy of this notice of claim of each of the within-named defendant(s) \_\_\_\_\_, or
- (2) By leaving on the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ for each of the within-named defendant(s) \_\_\_\_\_, a copy of the notice of claim at their respective dwelling(s), house(s) or usual place(s) of abode and by mailing a copy of the notice to the defendant(s) last known address.

\_\_\_\_\_  
Sheriff of \_\_\_\_\_ County, Indiana

By \_\_\_\_\_