

**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** \$ \_\_\_\_\_  
 (\$10,000.00 Max. individual / \$6000.00 Business)  
**\$10.00 per Addtl Defendant** + \$ \_\_\_\_\_  
**\$28.00 for Sheriff Service** + \$ \_\_\_\_\_  
**Court Costs** + \$ **97.00**

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

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

\_\_\_\_\_  
*Plaintiff Name*

\_\_\_\_\_  
*Plaintiff Name*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City, State, Zip*

\_\_\_\_\_  
*City, State, Zip*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Phone*

**AGAINST**  
 =====

\_\_\_\_\_  
*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.

**STATEMENT OF SMALL CLAIM COMPLAINT**

\_\_\_\_\_ 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 \$ \_\_\_\_\_ for

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.

\_\_\_\_\_  
*Plaintiff (signature)*

\_\_\_\_\_  
*Attorney for Plaintiff*

\_\_\_\_\_  
*Plaintiff (signature)*

\_\_\_\_\_  
*Attorney Number*

Service by: Certified Mail \_\_\_\_\_ Sheriff of \_\_\_\_\_ County (+\$28.00 Sheriff Service Fee)