

STATE OF INDIANA)
) SS:
COUNTY OF CASS)

CASS SUPERIOR COURT
SMALL CLAIMS DOCKET

20_____
COURT HOUSE
200 COURT PARK
LOGANSPORT, INDIANA 46947

Plaintiff

Cause No: _____

VS

Defendant

APPEARANCE FORM

1. Plaintiff Defendant
(Check a box)

2. Plaintiff or Defendants information

Name: _____

Address: _____

Telephone _____ Fax: _____

E-Mail Address (*required*) _____

3. Will accept FAX service: Yes _____ No _____

DATE: _____

SIGNATURE