

STATE OF INDIANA     )  
  )  
COUNTY OF CASS     )

CASS SUPERIOR COURT 1  
SMALL CLAIMS DOCKET

\_\_\_\_\_  
COURT HOUSE  
LOGANSPORT, INDIANA 46947

\_\_\_\_\_  
Plaintiff's Name

\_\_\_\_\_  
Plaintiff's Address

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
Plaintiff's Phone Number

\_\_\_\_\_  
Plaintiff's Email. (Required)

Cause No. \_\_\_\_\_

Designation of Service

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Certified Mail  
Sheriff Service

Type of Claim: ☐ Account ☐ Eviction  
☐ Replevin ☐ Other

**Notice of Claim**

VS.

\_\_\_\_\_  
1<sup>st</sup> Defendant's Name

\_\_\_\_\_  
1<sup>st</sup> Defendant's Address

\_\_\_\_\_  
1<sup>st</sup> Defendant's City, State, Zip

\_\_\_\_\_  
1<sup>st</sup> Defendant's Phone Number

\_\_\_\_\_  
1<sup>st</sup> Defendant's -D.O.B. / Last 4 SSN#

\_\_\_\_\_  
2<sup>nd</sup> Defendant's Name

\_\_\_\_\_  
2<sup>nd</sup> Defendant's Address

\_\_\_\_\_  
2<sup>nd</sup> Defendant's City, State, Zip

\_\_\_\_\_  
2<sup>nd</sup> Defendant's Phone Number

\_\_\_\_\_  
2<sup>nd</sup> Defendant's- D.O.B. / Last 4 SSN#

**You should appear in court for a hearing on \_\_\_\_\_ on the Plaintiff's claim. You should be prepared to try your case and introduce evidence on that date.**

The Plaintiff complains of the Defendant(s) and say that the Defendant is indebted to the Plaintiff in the sum of \$ \_\_\_\_\_ because

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

(Attach document(s) that support the above statements.)

I affirm, under the penalties for perjury, that the foregoing statements are true.

\_\_\_\_\_  
Date

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

#### INSTRUCTIONS TO PLAINTIFF AND DEFENDANT

1. You may appear in person or with an attorney. In this claim up to \$10,000.00 plus court cost. If a party is a corporation, a limited liability company (LLC), a limited liability partnership (LLP), or a trust the party may appear by a full-time employee for claims up to \$1500.00 as the party's Ind. Small Claims Rule 8 © representative. There must be a Designated Employee Form on file with the Clerk's Office.
2. The defendant should bring to the hearing all documents in his possession concerning the claim.
3. If the defendant does not wish to dispute the claim he may still appear at the hearing for the purpose of allowing the Court to establish the method by which the judgment shall be paid.
4. A default judgment may be entered against the defendant if he fails to appear at the hearing.
5. Jury trial is waived unless requested within the (10) days after receipt of this notice by defendant.
6. If either the defendant or plaintiff is unable to appear for the hearing, he should contact the Cass Superior Court, Court House, Logansport, Indiana 46947, telephone (574) 753-7745 or the Clerk's Office at (574)-753-7740 no later than 4 days prior to the court date.
7. If the Defendant has a claim against the Plaintiff, the Defendant may file a Counter-Claim under this cause number. If the Plaintiff does not receive the Defendant's Counter-Claim at least seven (7) days prior to the trial, the Plaintiff may request a continuance of the trial date.

You may reference the Small Claims Manual online at the [www.co.cass.in.us](http://www.co.cass.in.us) located in the Clerk's Department. Or request a paper copy from the Deputy Clerk.