

CERTIFICATE OF COMPLIANCE

NAME OF BUSINESS

ADDRESS OF BUSINESS

TELEPHONE NUMBER OF BUSINESS

(For a Sole Proprietorship, Partnership, Corporation, Limited Liability Co. Or Limited Partnership)

By resolution duly adopted by the Corporation, Limited Liability Company or Limited Liability Partnership; or by an owner of a Sole Proprietorship or by a partner of the business, the following authorization is approved:

In any unassigned claim not exceeding six thousand dollars - \$ 6000.00 filed in the Small Claims Division of the Howard Superior Court III, Kokomo, Indiana this business designated and authorizes

_____, who is a full time employee, to appear on its behalf and it shall be bound by any or all agreements relating to the small claim proceeding entered into by the designated person and shall be liable for any and all costs, including those assessed by reason of contempt, levied by the Court against the designated employee.

The undersigned, on behalf of the business, waives any claim for damages in excess of six thousand dollars (\$6000.00) associated with the facts and circumstances of the claim.

DATED: _____

Signature

Printed Name

Title/Position

ATTEST (For a Corp. only):

Secretary

**AFFIDAVIT OF BUSINESS EMPLOYEE
TO APPEAR IN COURT UNDER INDIANA SMALL CLAIMS RULE 8**

The undersigned affirms under penalty of perjury that he has not been suspended or disbarred from the practice of law in the State of Indiana or any other jurisdiction and is a full-time employee of _____, a business for which he has been designated to appear in the Small Claims Division of proceedings as set forth herein.

DATED: _____

Signature: _____
Designated Employee
Printed name: _____

*Each Corporation, Sole Proprietorship, or Partnership suing by employee must have one of these on file with the Clerk of Courts.

*Small Claims Rule 8 applies to \$5,000.00r less claims.

STATE OF INDIANA
COUNTY OF HOWARD

)
)SS:
)

HOWARD COUNTY SUPERIOR COURT
DIVISION III
HOWARD COUNTY COURTHOUSE
KOKOMO, INDIANA 46901

Plaintiff
VS.

CAUSE NO.: 34D03-_____

Defendant

VERIFICATION OF OWNERSHIP

The real estate commonly known as

(Address)

Which is the subject matter of this case is legally owned and
titled in the name of

(Name)

I affirm, under the penalties for perjury, that the foregoing
representation is true.

Date

Signature

Printed

HOWARD CIRCUIT/SUPERIOR COURT
HOWARD COUNTY STATE OF INDIANA
KOKOMO, INDIANA

Affidavit of Poverty

Cause Number _____

Petitioner

VS

Respondent

Address

Address

City, State & Zip

City, State & Zip

Telephone Number

Telephone Number

Petitioner, name and address above.

- 1.) He/She has a total of \$ _____ in income per month;
- 2.) Because of poverty he/she is unable to pay the costs of this action or give security by way of deposit.

WHEREFORE, Petitioner prays for leave to commence this action without advancing costs or giving security by way of deposit.

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

Petitioner

ORDER

The Court, having examined the Affidavit of Poverty filed herein, now ORDERS filing fees and all other court costs waived.

Dated

Judge Howard Circuit/Superior Court