SHELBY COUNTY SMALL CLAIM RULE 8 EMPLOYEE CERTIFICATE OF COMPLIANCE

Plaintiff _____ Cause#_____ Defendant_____

SOLE PROPRIETORSHIP/PARTNERSHIP
(Print name of Business below)

_____

is a sole proprietorship or partnership and hereby designates the below named person whom is a **full-time** employee of the sole proprietorship or partnership to appear in small claims cases in Shelby Superior Court 2 in lieu of the sole proprietor or a partner. The sole proprietorship or partnership will be bound by any and all acts and/or agreements relating to the small claims proceedings entered into by the designated employee or trustee and will be liable for assessments and costs, including those assessed by reason of contempt, levied by a court against the designated employee. By authorizing a designated full-time employee or trustee to appear under this Rule, the sole proprietorship or partnership waives any present or future claim in this or any other forum in excess of six thousand dollars ($6,000).

*Designated Employee*_____

I affirm under the pains and penalties of perjury that the above is true and accurate.

_____
Sole Proprietor/ Partner Signature Date

_____
Printed

LLC/LLP/CORPORATE ENTITY OR TRUST
(Print name of Business below)

_____

is a Corporate Entity, Limited Liability Company (LLC), Limited Liability Partnership (LLP) or Trust under the laws of the State of Indiana and it anticipates to have or does have matters which are the subject of litigation in the Small Claims Division, Shelby Superior Court II, Shelbyville, Indiana. Therefore, it is RESOLVED by the governing board that the below named **full-time employee** is designated to appear in its stead with the understanding that the corporate entity, LLC, LLP, or trust will be bound by any and all acts and/or agreements relating to the small claims proceedings entered into by the designated employee or trustee and will be liable for assessments and costs, including those assessed by reason of contempt, levied by a court against the designated employee. By authorizing a designated full-time employee or trustee to appear under this Rule, the corporate entity, LLC, LLP, or trust waives any present or future claim in this or any other forum in excess of six thousand dollars ($6,000.00).

*Designated Employee*_____

By SECRETARY OF THE BOARD

_____
Signature Date

_____
Printed Name

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

I, the employee, affirm under penalty of perjury that I have not been suspended or disbarred from the practice of law in the State of Indiana or any jurisdiction and I am a full-time employee as indicated above.

_____ _____
Signature Date

_____
Printed

Address of Business_____

City State Zip _____

Phone_____; email_____