
Name

FAYETTE SUPERIOR COURT / 765-825-1775
Fayette County Courthouse
401 Central Avenue
Clerk: P O Box 607 / 765-825-1813
Connersville, IN 47331

Address

Plaintiff

CASE NO.

Telephone (____) _____

Name

Address

Defendant

Telephone (____) _____

NOTICE OF SMALL CLAIM

TO THE DEFENDANT(S):

You have been sued by the Plaintiff whose name appears above.

A PRE-TRIAL CONFERENCE DATE IS: _____ AT 1:30 P.M. at which time you must meet with the Plaintiff to discuss the possible settlement of the claim. If you cannot reach an agreement the case will be set for a trial. If you were served with this Notice of Small Claim and fail to appear at the pre-trial conference OR the trial date, the Plaintiff may be given a Default Judgment against you.

The Plaintiff's claim is for: CONTRACT OR ACCOUNT ON NOTE / RENT / WAGES

OTHER _____

A brief statement of the nature of the Plaintiff's claim against you is as follows:

The Plaintiff demands judgment against the Defendant for \$ _____ plus interest from _____ at the rate of 8%, and the costs of this action.

Signature of Plaintiff

IMPORTANT INFORMATION FOR THE DEFENDANT CONCERNING THE CLAIM

- 1) You may appear with or without an attorney.
- 2) At the hearing, simply tell your side of the story. There are no technical or formal rules to follow. The Judge may ask questions of you or the Plaintiff.
- 3) Be prepared to defend your case in court with any evidence or witnesses you have. You should bring to the hearing all documents in your possession or control concerning this claim. Subpoenas can be issued by the Court for reluctant witnesses.

NOTICE TO PRO SE LITIGANTS

(SMALL CLAIMS)

Plaintiff

Cause No. _____

Defendant

Garnishee Defendant

_____ At this time I am electing for the Clerk to send service to parties by Sheriff or Certified Mail.

_____ At this time I am electing to do my own service.

***I understand that it will be my responsibility to provide proof of service to the Clerk. Should I choose to use the Sheriff for service in the future I will be assessed a Sheriffs service fee at that time.**

Signature

Date

Clerk Initials- Svc. Sent