

**VERMILLION CIRCUIT COURT  
COURTHOUSE - 3<sup>RD</sup> FLOOR  
255 SOUTH MAIN STREET/P.O. BOX 70  
NEWPORT, IN 47966  
765-492-5320**

CAUSE NO. 83C01- \_\_\_\_\_ -SC- \_\_\_\_\_

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Street & Number  
\_\_\_\_\_  
City, State, Zip  
\_\_\_\_\_  
Telephone                      Plaintiff(s)

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Street & Number  
\_\_\_\_\_  
City, State, Zip  
\_\_\_\_\_  
Telephone                      Plaintiff(s)

vs.

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Street & Number  
\_\_\_\_\_  
City, State, Zip  
\_\_\_\_\_  
Telephone                      Defendant(s)

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Street & Number  
\_\_\_\_\_  
City, State, Zip  
\_\_\_\_\_  
Telephone                      Defendant(s)

**“ALIAS”  
STATEMENT OF CLAIM**

Written Contract (Attach a copy)

Claim on Account (Attach itemized statement)

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

Plaintiff asks judgment against Defendant(s) for \$ \_\_\_\_\_, in addition to attorney's fees, interest & the costs of this proceeding. (Mark out inapplicable terms)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Plaintiff

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**NOTICE TO APPEAR**

To: (1) \_\_\_\_\_  
Defendant  
\_\_\_\_\_  
Street & Number  
\_\_\_\_\_  
City, State, Zip

(2) \_\_\_\_\_  
Defendant  
\_\_\_\_\_  
Street & Number  
\_\_\_\_\_  
City, State, Zip

**You must appear in the Vermillion Circuit Court, at the above address, for trial on this claim ON the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at 1:30 p.m.**

If you fail to appear for hearing, judgment may be entered against you. The parties to this claim may appear in person or by attorney. You should bring to the trial, all witnesses you wish to have testify, as well as all documents in your possession or under your control, concerning the claim. Subpoenas for the witnesses, if requested by a party, will be issued by the Clerk. If you do not wish to dispute the claim, you should appear in Court for the purpose of establishing the method by which the judgment shall be paid. If you have a claim against the Plaintiff, you may bring or mail a statement of your claim, to the Clerk, within such time as will allow the Court to mail a copy to the Plaintiff and be received by the Plaintiff at least seven (7) calendar days prior to trial. By filing this claim on the small claims docket, the Plaintiff waives right to trial by jury. As the Defendant, you too have the right to trial by jury. However, that right is waived, unless you file a written request for a jury trial, within ten (10) days of receipt of this notice, meeting the requirements of I.C. 33-29-2-7 and pay fees. Once a jury trial request has been granted, it may not be withdrawn without the consent of the other parties. If you are unable to appear on or before the date and time noted above, you must contact, in writing, the Clerk of the Court, P.O. Box 10, Newport, IN 47966, (765) 492-5350.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Clerk/Deputy Clerk- Small Claims Division