

INSTRUCTIONS ON FILING A CLAIM FOR DAMAGES

1. You must complete the entire form except for the case number and Court date and time; the Court will do this. You must also include a short and clear statement describing why you are filing a claim in the summary portion of the Claim Form.
2. If your claim is based on a contract, a copy of the contract **must** be attached. If your Claim is based on an unpaid account, a copy of the most recent bill or account statement **must** be attached to the Claim Form.
3. The Affidavit of Debt and *Appearance* forms must be completed. The appropriate form must be completed depending on whether you are an individual, sole proprietor, partnership, corporation, LLC, LLP, or other business organization. If you provide an email address on the Appearance Form, the **only** notice of future Court hearings and Orders you will receive will be through email notification. If you do not use your email address on a regular basis, please do not list it.
 - A. If the Plaintiff is a sole proprietor or partnership:
 - i. A designated full-time employee of the business may appear if the claim amount does not exceed \$6,000.
 - ii. If the claim amount exceeds \$6,000, the business may only appear by the sole proprietor, a partner of the partnership, or by an attorney. A designated employee of the business may only appear without the sole proprietor or a partner of the partnership if accompanied by an attorney.
 - B. If the Plaintiff is a corporate entity, limited liability company (LLC), limited liability partnership (LLP), or trust:
 - i. A designated full-time employee of the business, or a Trustee if it is a trust, may appear if the claim amount does not exceed \$6,000.
 - ii. If the claim amount exceeds \$6,000, the business must be represented by an attorney.
4. If a designated full-time employee of the business is appearing on behalf of the Plaintiff, a *Certificate of Compliance* form must be completed.
5. If you are requesting the defendant be served by the sheriff, you will need to provide a **stamped envelope addressed to the defendant**.
6. When the appropriate forms are completed, bring the forms and the filing fee to the Small Claims Office prior to 4:30 PM and you will be given a hearing date and time. You will then take the forms to the Bartholomew County Clerk's Office where the Clerk will initiate the claim and receipt the filing fee.
7. The filing fee is **\$97.00** (service on one (1) defendant by certified mail.)
 - A. There is a **\$10.00** extra fee for each additional defendant.
 - B. There is also a **\$28.00** extra fee for the sheriff to serve defendant.
 - C. The Bartholomew County Clerk accepts cash, personal check, money orders, and credit/debit card (there is a 3% charge for paying with a card) as forms of payment for filing fees.
8. The jurisdictional limit in Small Claims is \$10,000 for an individual and \$6,000 for a business that is not represented by an attorney. If Plaintiff is seeking damages in excess of \$10,000, the Claim must be filed on the Plenary Docket.
9. If you have any further questions, feel free to contact our office at (812)379-1620.

SMALL CLAIM FORM CASE NO. O3D02

Small Claims Division
Bartholomew Superior Court No. 2
Courthouse 3rd Floor, 234 Washington Street
Columbus, Indiana 47201
Telephone No. (812) 379-1620

Plaintiff _____

Address _____

Telephone _____

Email _____

AGAINST

Name of Defendant

Address

City, State, Zip Code

Telephone No.

Email

TO THE DEFENDANT (S): You have been sued by the Plaintiff whose name appears above.

You and the Plaintiff are to appear _____

at the Bartholomew Superior Court No. 2 located on the third floor of the Bartholomew County Courthouse,
234 Washington Street, Columbus, Indiana.

CLAIM FOR DAMAGES

Comes now the Plaintiff, and for cause of action against Defendant(s), says: That the Defendants(s) is/are indebted to the Plaintiff in the amount of _____ Dollars, which amount has not been paid and is now due and owing. (brief summary)

WHEREFORE, Plaintiff prays for judgment against the Defendant(s), in the amount of _____ plus the cost of this and any action and any other proper relief.

Signed _____
Plaintiff

Following manner of service is hereby designated:

_____ Certified Mail on the Defendant as indicated above or in care of his employment to wit:

_____ Service on Defendant by sheriff as indicated above or in care of his employment, to wit:

INSTRUCTIONS/IMPORTANT INFORMATION

1. Each Defendant must be served properly under Indiana Rules of Trial Procedure 4-4.17 and 86 for the Court to have jurisdiction. If Plaintiff is using a Private Process Server, Plaintiff shall file a Return Notice of Claim with the Court after attempting Service for each Defendant. The Court cannot proceed without proper service.
2. You do not have to have an attorney to file or respond to a Small Claim. Individual human beings can either hire an attorney or represent themselves in a Small Claim case regardless of the amount of the claim. However, when the claim exceeds \$6,000, corporate entities, including LLCs or trusts, must be represented by an attorney. If the claim is less than \$6,000, corporate entities, including LLCs or trusts, may be represented by a FULL-TIME EMPLOYEE as explained in paragraph 3. A FULL-TIME EMPLOYEE may also represent sole proprietorships and partnerships when the claim does not exceed \$6,000. When the claim exceeds \$6,000, either an attorney, the owner, or a partner must represent sole proprietorships and partnerships.
3. A corporate entity, sole proprietorship, partnership, LLC, LLP, or trust that wishes to designate an employee or trustee to represent it must file a properly executed Certificate of Compliance in each case appointing the person as its representative pursuant to Indiana Small Claim Rule 8(C).
4. A Court may sanction a designated employee or trustee and the entity represented by such designation for failure to comply with these rules or local rules of Court. Sanctions may include assessments of costs or reasonable attorney's fees, the entry of a default judgment, the dismissal of a claim with or without prejudice, fines, and/or incarceration.
5. Plaintiff waives the right to trial by jury by filing a Small Claim. The Defendant may, within ten (10) days following service of the Notice of Claim, demand a trial by jury, in writing, specifying that the demand is made in good faith and supplying the affidavit required by Indiana Code 33-29-2-7. The Defendant must pay the difference in filing fees to the Clerk's Office at the time of the jury request.
6. The Defendant must file any counter claim with the Court in time to be mailed and received by the Plaintiff at least seven (7) calendar days prior to the trial date.
7. A claim must be filed in the county where the Defendant resides or has his/her place of employment, the transaction or occurrence took place, or where the obligation was incurred.
8. Court costs must be paid in advance. The Court may order a Defendant to reimburse the Plaintiff for Court costs.
9. This Court cannot award more than \$10,000 in a Small Claims action.
10. All parties and their representatives must complete and file an Appearance form with the Court.
11. Requests to continue the trial by either party must be received by the Court at least two (2) business days before the trial date. Continuances are generally not favored and are not granted by telephone. Requests to continue can be mailed or delivered to Bartholomew Superior Court 2 Small Claims, 234 Washington Street, Columbus, IN 47201. The Court's phone number is (812)379-1620.
12. Bring to trial all documents, photos, etc. that you wish to submit concerning this claim. Written lists of damages with written explanations are very helpful to the Court. The Court will not consider exhibits displayed solely on electronic devices. Printed documents and photos should be of good quality and organized. The Clerk will furnish subpoenas if requested.
13. The Court will conduct a contested trial on the first trial setting, so both parties should be prepared to proceed. Notify the Court at least two (2) business days in advance if the trial will take longer than thirty (30) minutes.
14. Be on time for trial. A claim may be dismissed or judgment may be entered against an absent party.
15. Parties may settle the case before trial, but they are not required to do so. If the case is settled before trial, Plaintiff shall either dismiss the case or file an Agreed Judgment with the Court. Both Plaintiff and Defendant must sign the Agreed Judgment. The Court has Agreed Judgment forms available upon request. Even if a Defendant agrees to a judgment, he/she may appear in Court to establish a method by which the judgment may be paid.
16. An appeal must be initiated within thirty (30) days of the entry of judgment. Appeals are complicated and an attorney should be consulted regarding an appeal.
17. A Small Claims Manual and all Small Claims forms are available at www.bartholomew.in.gov or the Small Claims Office. Small Claims rules can be found at www.in.gov/courts/rules/small_claims. You can find information about cases at www.public.courts.in.gov or www.mycase.in.gov.

AFFIDAVIT OF DEBT PURSUANT TO TRIAL RULE 9.2

THE AFFIANT NOW STATES:

I _____ AM PLAINTIFF
(NAME OF AFFIANT) **OR**

A DESIGNATED FULL-TIME EMPLOYEE OF _____
(NAME OF PLAINTIFF)

I AM OF ADULT AGE AND AM FULLY AUTHORIZED BY PLAINTIFF TO MAKE THE FOLLOWING REPRESENTATIONS. I AM FAMILIAR WITH THE RECORDKEEPING PRACTICES OF PLAINTIFF. THE FOLLOWING REPRESENTATIONS ARE TRUE ACCORDING TO DOCUMENTS KEPT IN THE NORMAL COURSE OF PLAINTIFF'S BUSINESS AND/OR MY PERSONAL KNOWLEDGE:

PLAINTIFF:

IS THE ORIGINAL OWNER OF THIS DEBT.

OR

HAS OBTAINED THIS DEBT FROM _____ AND THE ORIGINAL OWNER OF THIS DEBT WAS _____.

_____, DEFENDANT, HAS AN UNPAID BALANCE OF \$ _____ ON ACCOUNT _____
(NAME OF DEFENDANT) (LAST 4 DIGITS OF NUMBER OR ID ONLY)
THAT AMOUNT IS DUE AND OWING TO PLAINTIFF. THIS ACCOUNT WAS OPENED ON _____.
THE LAST PAYMENT FROM DEFENDANT WAS RECEIVED ON _____ IN THE AMOUNT OF \$ _____.

THE TYPE OF ACCOUNT IS:

CREDIT CARD ACCOUNT (I.E. VISA, MASTERCARD, DEPARTMENT STORE, ETC.)
LIST THE NAME OF THE COMPANY/STORE ISSUING CREDIT CARD:

ACCOUNT FOR UTILITIES (I.E. TELEPHONE, ELECTRIC, SEWER, ETC.)

MEDICAL BILL ACCOUNT (I.E. DOCTOR, DENTIST, HOSPITAL, ETC.)

ACCOUNT FOR SERVICES (I.E. ATTORNEY FEES, MECHANIC FEES, ETC.)

JUDGMENT ISSUED BY A COURT (A COPY OF THE JUDGMENT IS REQUIRED TO BE ATTACHED)

OTHER: (PLEASE EXPLAIN) _____

THIS ACCOUNT BALANCE INCLUDES:

LATE FEES IN THE AMOUNT OF \$ _____ AS OF _____
(MONTH, DAY, YEAR)

OTHER (EXPLAIN) _____

INTEREST AT A RATE OF _____ % BEGINNING ON _____
(MONTH, DAY, YEAR)

PLAINTIFF:

IS SEEKING ATTORNEY'S FEES AND ADDITIONAL EVIDENCE WILL BE PRESENTED TO THE COURT PRIOR TO ENTRY OF JUDGMENT ON ATTORNEY'S FEES.

OR

IS NOT SEEKING ATTORNEY'S FEES.

PLAINTIFF BELIEVES THAT DEFENDANT IS NOT A MINOR OR AN INCOMPETENT INDIVIDUAL.

I SWEAR OR ARRIFM UNDER THE PENALTIES OF PERJURY THAT THE FOREGOING REPRESENTATIONS ARE TRUE.

DATED: _____ SIGNATURE OF AFFIANT: _____

STATE OF INDIANA

SS: IN THE BARTHOLOMEW SUPERIOR COURT NO 2

COUNTY OF BARTHOLOMEW

CASE NO: 03D02-_____

Plaintiff(s)

vs

Defendant(s)

INDIVIDUAL APPEARANCE

This Appearance Form must be filed on behalf of every party in a civil case.

1. My Name is _____ and I am

Initiating (filing) _____

If you are the Plaintiff, check Initiating

Responding (answering or defending) _____

If you are Defendant, check Responding

Intervening _____

2. Contact information for receiving legal service of documents and case information is required by Court Rules: (NOTE: *If you are the Initiating party and this case, or a related case, involves a protection from abuse order, a workplace violence restraining order, or a no-contact order, you must provide an address for the purpose of legal service of documents but that address should not be one that exposes the whereabouts of a petitioner*)

THIS INFORMATION IS REQUIRED:

(IF AN EMAIL ADDRESS IS PROVIDED, THE ONLY NOTICE OF FUTURE COURT HEARINGS WILL BE THROUGH EMAIL NOTIFICATION. IF YOU DO NOT USE YOUR EMAIL ADDRESS ON A REGULAR BASIS, PLEASE DO NOT LIST IT.)

Address: _____

Email Address: _____

Phone: _____

OR, if in the related case, you have used the Attorney General Confidential address, you may check _____ Attorney General confidential address (contact the Attorney General 1-800-321-1907 or email address is confidential@atg.state.in.us)

3. This is a _____ case type as defined in administrative Rule 8(B)(3).
(Clerk will supply this information).

4. I will accept service by FAX at the following number _____

Signature - Self-Represented Party