NOTICE OF CLAIM INSTRUCTION SHEET
MARSHALL COUNTY, INDIANA
Effective January 1, 2025

YOU Are the PLAINTIFF / Person You Are Suing Is the DEFENDANT

Maximum dollar limit per claim is Ten thousand dollars **($10,000.00).**
Maximum judgment granted is claim amount/plus court cost/ plus interest

If you are serving by CERTIFIED MAIL; please provide addressed envelope, Certified Return and Domestic Return Receipts filled out to defendant(s); return of service is to:

"Marshall County Clerk, 211 W Madison St, Plymouth IN 46563"

SMALL CLAIMS MANUAL: See https://www.in.gov/judiciary/2710.htm

TO VIEW YOUR DIGITAL FILE ONLINE, LOG IN TO: https://public.courts.in.gov/mycase

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****Filing fee is based on number of Defendants and method of service****
Base Fee ($97.00) + $10.00 each additional Defendant + ($28.00) Sheriff fee
Payment must be cash, business check, money order (made out to "Marshall County Clerk") or credit card

SERVICE: Certified Mail or by Sheriff

	Certified Mail	Sheriff
1 Defendant	**$ 97.00**	**$125.00**
2 Defendants	**$107.00**	**$135.00**

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***NATURAL PERSON:** May represent him/herself or may be represented by counsel.

***SOLE PROPRIETORSHIPS and PARTNERSHIPS:** May represent him/herself.

***CORPORATE ENTITIES/LLC/LLP**: May represent him/herself.

****If you are NOT the owner, the OWNER must complete an Appointment of Designee form****

Any questions, Call the Small Claims desk (574) 935-8706

MARSHALL SUPERIOR COURT NO. 2
Small Claims Division
Marshall County Courthouse
211 West Madison Street, Suite 201
Plymouth, IN 46563 **Telephone (574) 935-8761**

NOTICE OF CLAIM

Cause No. 50D02-_____-SC-_____

Name_____

Address_____

City_____ IN Zip_____

Telephone No._____
PLAINTIFF

Name_____

Address_____

City_____ IN Zip_____

Telephone No._____
PLAINTIFF

VS

Name_____

Address_____

City_____ IN Zip_____

Telephone No._____
DEFENDANT

Name_____

Address_____

City_____ IN Zip_____

Telephone No._____
DEFENDANT

Service by: ☐ Certified Mail **OR** ☐ Sheriff

TO THE DEFENDANT:

You have been sued by the Plaintiff whose name appears above. **YOU ARE HEREBY NOTIFIED THAT** the initial hearing of this claim is set for the _____ day of _____ , 20_____, at **9:00 a.m**. If you fail to appear in the Marshall Superior Court No. 2, Marshall County Courthouse, 211 West Madison St, Suite 201 Plymouth, Indiana, 46563 at the date and time set for initial hearing, a default judgment may be entered against you. At the initial hearing the judge or a court representative will meet with the parties to finalize the issues of the case or formalize any agreements of the parties. If an agreement is not reached a trial date will be confirmed. If you intend to appear and contest this claim, notify the Small Claims Clerk of the Marshall Superior Court No. 2 at least seven (7) calendar days prior to the trial date. **IMPORTANT INSTRUCTIONS CONCERNING YOUR RIGHTS ARE CONTAINED ON PAGE TWO (2) OF THIS NOTICE**.

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

_____

_____

_____

Exhibits Attached: Account _____ Contract _____ Other: _____

The Plaintiff demands judgment against Defendant for:

_____ + Court Costs in the sum of $_____for a total due of $_____ +interest as allowed by law.

_____
Signature of Plaintiff

IMPORTANT INFORMATION CONCERNING THIS CLAIM

1. You may appear in person and/or by an attorney; Small Claims Rule 2(B)(5). If you fail to appear at the scheduled hearings a default judgment may be entered against you.
2. If you do not dispute the claim you should appear at the initial hearing in order to establish a method by which the judgment will be paid. Small Claims Rule 2(B)(7).
3. You must appear at the initial hearing - a trial will not be held on that date: the hearing is scheduled to allow the parties to meet and attempt to informally resolve their dispute(s) or to schedule a future trial of their disputes. A representative of the Court will be available to assist the parties with the procedure(s) of the Court. You may contact the Court Bailiff regarding this claim in writing or by telephone at Marshall Superior Court No. 2, 211 West Madison Street, Suite 201 Plymouth, Indiana 46563, (574) 935-8761.
4. If the claim arises out of a written contract, a copy shall be attached to the notice of claim or counterclaim filed with the Court; if the claim is on account, an itemized statement shall be attached. Small Claims Rule 2(B)(4)(a)(b).
5. The Defendant must provide the Court and the Plaintiff with a written statement of any counterclaim arising out of the Plaintiff's claim at least seven (7) calendar days before the pretrial conference. The counterclaim must conform with the requirements of Small Claims Rule 2(B)(4).
6. If, for a good cause shown to the Court, the Defendant is unable to appear at the date and time designated for the initial hearing and desires a new initial hearing date, he/she must contact the Small Claims Clerk of this Court. The Small Claims Clerk may be contacted by telephone and notified that the Defendant intends to request a continuance. However, all requests for a continuance must be made in person or in writing and received by the Court at least seven (7) calendar days before the date set for pretrial. Except for extreme circumstances, the Court will grant only one (1) continuance to each party.
7. Plaintiffs and Defendants must bring to the trial all documents in their possession or control concerning this claim. At the trial, both parties must be prepared to present their case. The parties must have all evidence or witnesses at the trial. No continuances will be granted due to a party's failure to prepare for trial. Either party may request the Court to issue a subpoena for a witness who is reluctant to attend. There is a service of process fee established by law for each subpoena issued.
8. The initial hearing date is stated on the front of this document.
9. If the Defendant intends to appear and contest this claim, he/she must notify the Small Claims Clerk of this Court of that fact at least seven (7) calendar days prior to the pretrial date.
10. If a settlement of this claim is made out of court, the parties must submit the settlement in writing to the judge of this Court for his approval before the settlement can become a judgment against the Defendant, or a dismissal may be entered on the record.
11. The Defendant may request a jury trial of this claim. However, one must be requested in writing within ten (10) calendar days of receipt of this Notice of Claim or the right to a jury trial is waived. Upon payment of a transfer fee, the claim will then be transferred to the plenary docket and tried according to the formal rules of procedure and evidence.
12. Both the Defendant and the Plaintiff MUST advise the Court of any change in their address or telephone number which occurs after receipt of this Notice of Claim.

SERVICE INFORMATION

CERTIFIED MAIL:

Date Sent:_____

Date Served:_____

Date Returned:_____

Date Refused:_____

DEFENDANT'S RESPONSE

To Appear:_____

To Contest:_____

Date Court Notified:_____

SERVICE BY SHERIFF:

Come to hand _____, 20____

1. Served by delivering a true copy to the within named _____
2. Served by leaving a true copy at the last and usual place of residence of _____

_____

with a person of suitable age and discretion.

3. The within named _____ is not found in my bailiwick.

This the _____ day of _____, 20____

Sheriff_____

By:_____

STATE OF INDIANA	SS:	IN THE MARSHALL SUPERIOR COURT NO. 2
MARSHALL COUNTY		CAUSE NO. 50D02-_____

1. **Party information (your information) for service of process as required by Indiana Trial Rules.**

NAME: _____
Full Legal Name

ADDRESS: _____
Street Address

_____
City *State* *Zip Code*

NOTE: IT IS YOUR DUTY AND OBLIGATION TO UPDATE YOUR ADDRESS WITH THE COURT.

PHONE:_____
CELL PHONE PREFERRED, PLEASE. LAND-LINE IS ACCEPTABLE

***EMAIL:**_____
REQUIRED FIELD

2. **I acknowledge service of process from other parties and the Court by U.S.P.S. mailing or e-mail at the above noted e-mail address.**

_____
Signature - Unrepresented Party

_____
Printed Name