

NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
TELEPHONE NO. _____
(Defendant, Counter-Claimant)

PORTER SUPERIOR COURT
COUNTY DIVISION
3560 WILLOWCREEK ROAD
PORTAGE, INDIANA 46368
219-759-8208 OR 219-759-8213

VS

CAUSE NUMBER: 64D0 _____

NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
TELEPHONE NO. _____
(Plaintiff)

NOTICE OF COUNTER-CLAIM

TO THE PLAINTIFF:

This is to notify you that the Defendant herein has entered his appearance in person and has caused a Counter-Claim to be filed against you.

Balance due on: MONEY OWED ACCOUNT RENT WAGES OTHER

A BRIEF statement of the nature of the Defendant's Counter-Claim against you is as follows:

The Defendant demands judgment against the Plaintiff in the amount of \$ _____, plus interest and costs of this action.

SIGNATURE OF DEFENDANT

INFORMATION CONCERNING THIS CLAIM

1. Either the Defendant or the Plaintiff may represent themselves individually or be represented by an attorney.
2. The Plaintiff is responsible for obtaining a trial date. A trial date shall be provided by the Bailiff of the Court upon request.
3. 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/her approval before the settlement can become a judgment.
4. COUNTER-CLAIMS MUST BE SUBMITTED NO LATER THAN TEN (10) DAYS BEFORE THE COURT DATE.

CERTIFICATE OF MAILING

I certify that on the ____ day of _____, 20 ____, I mailed a copy of this Notice of Counter-Claim to each of the parties by certified mail requesting a return receipt signed by the addressee only, addressed to the Plaintiff, at the address furnished by the Defendant, Cross-Complainant.

Dated this ____ day of _____, 20 ____.

Clerk, Porter Superior Court

CERTIFICATE OF SERVICE OF NOTICE OF COUNTER-CLAIM

I hereby certify that service of Notice of Counter-Claim with return receipt request was mailed on the ____ day of _____, 20 ____, and that a copy of the return receipt was received by me on the ____ day of _____, 20 ____.

Dated this ____ day of _____, 20 ____.

Clerk, Porter Superior Court

CERTIFICATE OF CLERK OF NOTICE OF COUNTER-CLAIM NOT ACCEPTED

BY MAIL

I hereby certify that on the ____ day of _____, 20 ____, I mailed a copy of this Notice of Counter-Claim to the Plaintiff by certified mail and the same was returned without acceptance this ____ day of _____, 20 ____.

Dated this ____ day of _____, 20 ____.

Clerk, Porter Superior Court

RETURN OF NOTICE OF COUNTER-CLAIM

This Notice of Counter-Claim came to hand on the ____ day of _____, 20 ____, from the Clerk of the Court, and I served the same on the ____ day of _____, 20 ____.

- 1. By delivering a copy of Notice of Counter-Claim personally to _____ at _____.
- 2. By leaving a copy of Notice of Counter-Claim at _____, the dwelling or usual place of adobe of Plaintiff.
- 3. By serving his agent as provided by rule, statute or valid agreement, to-wit: _____.

4. Plaintiff cannot be found in my bailiwick and Notice of Counter-Claim was not served. And, I now return this writ this ____ day of _____, 20 ____.

Sheriff, Porter County, Indiana