

SMALL CLAIMS EVICTION COMPLAINT

**PORTER SUPERIOR COURT
3560 WILLOWCREEK ROAD
PORTAGE, INDIANA 46368
219-759-8208 or 219-759-8213**

CAUSE NO. 64D0 _____

Plaintiff requests service by:

- ☐ Sheriff of _____ County
☐ Certified Mail

Plaintiff _____
Address _____
City _____
State _____ **Zip Code** _____
Telephone _____

vs Defendant 1 _____
Address _____
City _____
State _____ **Zip Code** _____
Telephone _____

if Plaintiff is represented by Attorney:

Attorney _____
Atty. No. _____
Address _____
City _____
State _____ **Zip Code** _____
Telephone _____

Defendant 2 _____
Address _____
City _____
State _____ **Zip Code** _____
Telephone _____

**CLERK'S NOTICE OF CLAIM TO DEFENDANT FOR EVICTION
RENT AND DAMAGES**

You have been sued by the Plaintiff whose name appears above. You must appear in the Porter Superior Court in person or by your attorney for BOTH of the following hearings:

- 1. First Hearing:** _____ **to contest the claim for eviction, and**
- 2. Second Hearing:** _____ **to contest the claim for back rent and damages.**

The Plaintiff claims that you rented property located at _____

The Plaintiff seeks possession of that property and requests your eviction from the property, claiming that:

- ☐ **your rent is past due in the amount of \$** _____ **and / or**
- ☐ **you have violated the rental agreement as follows:** _____

The Plaintiff demands immediate possession of the above property and judgment against Defendant(s) for damages to be determined, plus interest and Court Costs of this action.

Dated: _____, 20 ____.

Plaintiff or Plaintiff's Attorney Signature
(Attorney must sign if representing the Plaintiff)

(See Important Information on reverse side)

IMPORTANT INFORMATION

1. The Plaintiff or the Defendant may represent themselves individually or be represented by an attorney.
2. If you fail to appear in Court on the date and time set above, the Plaintiff may be granted a judgment of possession. Such judgment will restore possession of the property to the Plaintiff.
3. If you have any counter-claim arising from the same transaction or occurrence, a Counter-Claim form (available at the Clerk's Office) must be filled out at least ten (10) days prior to the hearing date for the matter to be heard at the same time as the Plaintiff's claim.
4. By filing this small claim, the Plaintiff has waived the right to a trial by jury. You have ten (10) days from receipt of this notice to file an affidavit stating the questions of fact which require trial by jury and stating that the request is made in good faith. You must also pay the costs for transferring the case. Your failure to do so, waives your right to a trial by jury.
5. You may represent yourself in Court. You do not need to employ an attorney. You may, however, have an attorney represent you if you wish. All corporations must comply with Small Claims Rule 8(C).
6. If you do not wish to dispute the claim, you may nonetheless appear for the purpose of allowing the Court to establish a method of payment. You should, however, first contact the Plaintiff or the Plaintiff's attorney and attempt to arrange payment.
7. Manuals explaining small claims procedures are available at the Small Claim Clerk's Office.
8. If a settlement of this claim is made out of Court, it should be in writing and signed by the Plaintiff and Defendant. The settlement shall be filed with the Court and will be entered in the Small Claims Docket and shall have the same effect as a judgment of the Court.

SHERIFF'S RETURN OF NOTICE OF CLAIM

(Notice of Claim and Eviction Complaint refers to the same thing)

I hereby certify that on the below date:

- ☐ I served this COMPLAINT/Notice of Claim by delivering a copy to the Defendant.
- ☐ I served this COMPLAINT/Notice of Claim by leaving a copy:
 - ☐ at the dwelling or usual place of abode of Defendant
 - ☐ with a person suitable age and discretion residing therein, namely: _____
- ☐ and by mailing a copy of the COMPLAINT/Notice of Claim to the Defendant, by first class mail, to the address listed on the COMPLAINT/Notice of Claim (date mailed if different than below: _____, 20 ____):
- ☐ I was unable to serve this COMPLAINT/Notice of Claim because: _____

Dated: _____, 20 ____.

Sheriff of _____ **County**

By: _____