IN THE LAGRANGE SUPERIOR COURT Name[s] 105 N. Detroit Street LaGrange, Indiana 46761 Address Court Phone: (260) 499-6363 Claims Clerk:(260) 499-6375 Town State Zip Code Telephone Number SMALL PLAINTIFF(S) CLAIM Name[s] Address Town State Cause No: 44D01- _____ Zip Code Telephone Number DEFENDANT(S) NOTICE OF CLAIM ☐ Certified Mail Service By: ☐ Sheriff ☐ Private Process ☐ Account ☐ Promissory Note ☐ Bad Check ☐ Eviction ☐ Wages ☐ Other am This claim is set for pre-trial hearing on ____, at _ _pm in the LaGrange Superior Court, Courthouse, LaGrange, Indiana 46761. A brief statement of the nature of the claim against you is as follows: Plaintiff(s) therefore seek(s) judgment against you in the amount of \$_____, plus court costs of \$_____, for a total of \$_____. This is an attempt to collect a debt, and any information obtained will be used for that purpose. Date: ___ Signature of Plaintiff Signature of Plaintiff SHERIFF'S RETURN OF SERVICE I hereby certify that I have (not) served this Notice of Claim: (check and com-CERTIFICATE OF MAILING

plete applicable method or reason.)

- 1. By delivering a copy of this Notice of Claim to Defendant(s)
- ___ personally on _____ 2. By leaving a copy of this Notice of Claim at Defendant's(s') dwelling house or
- usual place of abode, and by sending a copy of this Notice of Claim by firstclass mail to said Defendant(s) at his/her/their/its last known address,
- ___(address) on _____ 3. Because Defendant(s) was (were) not found in my balliwick and/or does (do) not have a dwelling house or usual place of shade the said

(30) not have a awelling house	or usual place of abode therein.	
County, IN		Sheriff

I hereby certify, as indicated in the date issued field, that a copy of this Notice of Claim was sent to the named person(s) at the address(es) furnished, by registered/ certified mail at LaGrange, Indiana, return receipt requested.

Clerk of LaGrange Superior & Circuit Courts

Date issued: ____