AMENDED NOTICE OF SMALL CLAIM

PLAINTIFF

Name:	Henry Circuit Court No. 3
Street:	1215 Race Street
City/St/Zip:	New Castle IN 47362
Phone:	(765) 529-6401 or 521-2554
Email Address:	
DEFENDANT	CAUSE NO.
Name:	
Street:	
City/St/Zip:	
Phone:	
Email Address:	
TO THE CLERK: Please summons the de	efendant (s) to appear in Court to answer this claim.
STATEMENT OF CLAIM:	
Wherefore Plaintiff asks judgment against	t the Defendant for \$, plus interest (if applicable) from of% and the costs herein.
THIS COMMUNICATION IS FROM A DE AND ANY INFORMATION OBTAINED W	BT COLLECTOR. THIS IS AN ATTEMPT TO COLLECT A DEBT ILL BE USED FOR THAT PURPOSE.
Date:	
	Plaintiff
	NOTICE TO APPEAR
Defendant:	Defendant:
Street:	Street:
City, State, Zip:	City, State, Zip:
	s Court against you for the sum above stated. You are to appear in the
	the Plaintiff's claim on the day of20_, at
	rial in person or you may appear with your attorney. You should bring
	ion or under your control, which relate to the Plaintiff's claim. If you do
	ou may appear at the time stated, for the purpose of assisting the Court
	will be directed to pay the judgment. If you do not appear for the trial at
	gment may be entered against you for the amount asked by the
Plaintiff. You may request a jury trial. You	u will waive your right to a jury trial, unless requested within ten (10)

days after receipt of the notice of claim. If your jury trial request is granted, you must pay within the (10) days the additional amount required by statute to transfer to the plenary docket or your request will be deemed waived. Once a jury trial request has been granted, it may not be withdrawn without the consent of the other party. Please read the attached instruction sheet.