

HOWARD SUPERIOR III COURT

Howard Superior III Court
Howard County Courthouse
Kokomo, Indiana 46901
Telephone: 456-2220
HOWARD COUNTY CLERK
Telephone: 456-2204

SMALL CLAIM DOCKET

PLAINTIFF

Name: _____
Address: _____
City: _____ zip code _____
Telephone: _____

DEFENDANT

Name: _____
Address: _____
City: _____ zip code _____
Telephone: _____

TO THE CLERK: Please summon the Defendant(s) by certified mail/Sheriff of _____ County
To appear in Court to answer this claim.

STATEMENT OF CLAIM:

Wherefore Plaintiff ask judgment against the Defendant(s) for \$ _____ plus interest (if applicable), and costs therein.

Signature of Plaintiff

NOTICE TO APPEAR

TO: (1)
Defendant: _____
Address: _____
City: _____

TO: (2)
Defendant: _____
Address: _____
City: _____

The Plaintiff(s) ask judgment in this Court against you for sum above stated. You are to appear in the Howard Superior Court III for trial upon the Plaintiff's claim on the _____ day of _____, 20____, at _____ P.M. You may appear for the trial in person or you may appear with your attorney. If you do not wish to dispute the Plaintiff's claim, you may appear at the time and date stated for the purpose of assisting the Court in establishing the method by which you will be directed to pay the judgment. If you do not appear for the trial, a default judgment may be entered against you.