

**HOWARD SUPERIOR III COURT**

**PLAINTIFF**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_

Howard Superior III Court  
Howard County Courthouse  
Kokomo IN 46901  
Telephone: 456-2220

**DEFENDANT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_

**SMALL CLAIM DOCKET**

CAUSE NO: 34D03 \_\_\_\_\_ SC \_\_\_\_\_

**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 asks for judgment against the Defendant(s) for \$ \_\_\_\_\_ or an amount not to exceed \$6,000.00 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 the sum stated above. You are to appear in the Howard Superior Court III for trial upon the Plaintiff's claim on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, at \_\_\_\_\_ a.m./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. Although this is a trial setting, there is the possibility that the