

STATE OF INDIANA)
) SS.
COUNTY OF LAKE)

IN THE LAKE SUPERIOR COURT
SMALL CLAIMS DIVISION

DEFENDANT & COUNTER-CLAIMANT

PHONE: _____

Name _____
Address _____
City _____ State _____
Phone () _____

CAUSE NUMBER _____

PLAINTIFF & COUNTER-CLAIMANT DEFENDANT

Name _____
Address _____
City _____ State _____
Phone () _____

NOTICE OF COUNTER CLAIM

TO THE PLAINTIFF & COUNTER-CLAIMANT DEFENDANT

You have been sued by the Defendant & Counter-Claimant whose name appears above. Both matters will be heard on the date indicated on the original Notice of Claim. The Defendant and Counter-Claimant's Claim is

for: CHECK ONE

Account _____
Wages _____
Note OR Contract _____
Rent _____
Other (specify) _____

A BRIEF STATEMENT OF THE NATURE OF THE DEFENDANT & COUNTER-CLAIMANT CLAIM AGAINST YOU IS AS FOLLOWS:

The Defendant & Counter-Claimant demands judgment against the Plaintiff & Counter-Claimant Defendant for \$ _____, plus interest from date at rate _____%, and the costs of this action.

Signature of Defendant & Counter Claimant

CERTIFICATE OF MAILING

I hereby certify that on the _____ day of _____, 20____, I mailed a copy of this Notice, to each of the defendnant(s) by certified mail requesting a return signed by the defendnant(s), at the address furnished by the counter-claimant.

DATED this _____ day of _____, 20____.

CLERK, Lake Superior Small Claims

BY: Deputy

CERTIFICATE OF SHERIFF

I hereby certify that on the _____ day of _____, 20____, I did deliver a copy of the Notice of Claim to the Sheriff of Lake County.

DATED this _____ day of _____, 20____.

CLERK, Lake Superior Small Claims

BY: Deputy

SHERIFF'S RETURN

This Notice of Claim came to hand on the _____ day of _____, 20____, and I served the same on the _____ day of _____, 20____.

1. By delivering a copy of Notice of Claim personally to _____ Address _____.
2. By leaving a copy of the Notice of Claim at _____ (name of person) _____.
3. Defendant cannot be found in my bailiwick and Notice of Claim was not served. I now Return this Notice of Claim the the _____ day of _____, 20____.

Sheriff or Bailiff, Lake County

Deputy

ACKNOWLEDGMENT

I hereby acknowledge that I received a copy of the above Notice of Claim this _____ day of _____, 20____.

NAME _____

ADDRESS _____

CITY _____ STATE _____

TELEPHONE () _____