## ELKHART SUPERIOR COURT #5 315 S. SECOND STREET ELKHART, IN 46516

CAUSE NO: 20D05-click to enter cause number

er plaintiff name ntiff er street address (required). er City, State, Zip. (Required) er Phone Number or hit space for blank	vs.	enter defendant name(s)  Defendants(s)  Enter street address (required).  Enter City, State, Zip. (Required)  Enter Phone Number or hit space for blank
STATEM	MENT O	OF CLAIM
☐ Account or Note – E-filed		Wages enter wage or space for NA
Other explain or space for NA.		
Plaintiff requests judgment against Defen N/A.	ıdant(s) f	for \$enter amount. plus enter other or space for
Attorney for the Plaintiff: Enter Attorney Name and number Attorney # Enter street address (Required). Enter City, State, Zip. (Required) Enter Phone Number		
NOTICE TO	) APPEA	AR FOR MEETING
THE MEETING WILL NOT BE AT THE COURTHOUS discuss the issue detailed above. Failure to be ava available, it is your responsibility to call Plaintiff do not wish to talk to Plaintiff's counsel, you must	E. You mu ilable will 's counsel st file in w	o to enter a date. at enter time Choose AM/PM st be available for 45 minutes from the scheduled time to be treated as a failure to appear. If you cannot be at enter address to make alternate arrangements. If you riting with the Court a request for a hearing before the n be picked up in Superior Court #5 Clerk's Office.)
DEFENDANT(S) TO APPEAR BY:		
☐ Telephone by calling Plaintiff's counsel at		on the date and time specified above
☐ In person at Plaintiff's office located at		at the date and time specified above.
☐ You must provide Plaintiff's counsel a working so that counsel can call yo		ne number 7 days prior to the meeting by calling ate and time specified above.

CLERK, ELKHART SUPERIOR COURT #5