

\_\_\_\_\_  
Name )  
\_\_\_\_\_  
Address )  
\_\_\_\_\_  
Town State Zip )  
\_\_\_\_\_  
Telephone Number )  
Defendant, Counter-Claimant )  
\_\_\_\_\_  
— vs — )  
\_\_\_\_\_  
Name )  
\_\_\_\_\_  
Address )  
\_\_\_\_\_  
Town State Zip )  
\_\_\_\_\_  
Telephone Number )  
Plaintiff )

PORTER SUPERIOR COURT CLERK  
COUNTY DIVISION #4  
16 LINCOLNWAY - SUITE 211  
VALPARAISO, INDIANA 46383  
TELEPHONE: (219) 465-3413

CAUSE NO. 64D04 \_\_\_\_\_  
\_\_\_\_\_

**NOTICE OF COUNTER-CLAIM**

TO THE PLAINTIFF:

This is to notify you that the Defendant herein has entered his appearance in person and has caused a Counter-Claim to be filed against you.

Account or Note (attached)      Rent      Wages      Other \_\_\_\_\_

A brief statement of the nature of the Defendant, Counter-Claimant's counter-claim against you is as follows: \_\_\_\_\_  
\_\_\_\_\_

The Defendant, Counter-Claimant demands judgment against the Plaintiff for \$ \_\_\_\_\_, plus interest from \_\_\_\_\_, 20\_\_\_\_, at the rate of \_\_\_\_\_% and the costs of this action.

\_\_\_\_\_  
Signature of Defendant, Counter-Claimant

**INFORMATION CONCERNING THIS CLAIM**

Either the Defendant Counter-Claimant or the Plaintiff may represent themselves individually or be represented by a lawyer.

The plaintiff is responsible for obtaining a trial date. A trial date shall be provided by the Bailiff of the Court upon request.

If a settlement of this claim is made out of Court, the parties must submit the settlement in writing to the Judge of this Court for his approval before the settlement can become a Judgment.

PORTER SUPERIOR COURT #4  
16 Lincolnway  
Valparaiso, Indiana 46383  
(219) 465-3412

**CERTIFICATE OF MAILING**

I certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I mailed a copy of this Notice of Claim to each of the Plaintiffs by certified mail requesting a return receipt signed by the addressee only, addressed to each Plaintiff, at the address furnished by the Defendant, Cross-Complainant.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Clerk, Porter Superior Court  
County Division

**RETURN OF SERVICE OF NOTICE OF CLAIM BY MAIL**

I hereby certify that service of Notice of Claim with return receipt requested was mailed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and that a copy of the return receipt was received by me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, which copy is attached herewith.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Clerk, Porter Superior Court  
County Division

**CERTIFICATE OF CLERK OF NOTICE OF CLAIM NOT ACCEPTED BY MAIL**

I hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I mailed a copy of this Notice of Claim to the Plaintiff(s) by certified mail and the same was returned without acceptance this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**RETURN OF NOTICE OF CLAIM**

This Notice of Claim came to hand on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, from the Clerk of the Porter County Court, and I served the same on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

1. By delivering a copy of Notice of Claim personally to \_\_\_\_\_, at \_\_\_\_\_.
2. By leaving a copy of the Notice of Claim at \_\_\_\_\_, the dwelling or usual place of abode of plaintiff.
3. By serving his agent as provided by rule, statute or valid agreement to-wit: \_\_\_\_\_.
4. Plaintiff cannot be found in my bailiwick and Notice of Claim was not served.

And, I now return this writ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Sheriff, Porter County, Indiana