

STATE OF INDIANA)
) SS:
COUNTY OF MARION)

IN THE SMALL CLAIMS COURT OF
_____ Township

Plaintiff,

vs.

Cause No. 49-_____ - _____ - SC-_____ .

Defendant.

Notice of Appeal

☉ Plaintiff OR ☉ Defendant _____ (print name) requests an appeal of the judgment dated ___/___/___, being sixty (60) days or less from the date of entry of that judgment.

Date

Signature

CERTIFICATE OF SERVICE

I hereby certify that I served a copy of this Motion on ___/___/___ by placing a copy in the United States Mail, First Class, postage prepaid, addressed to:

Signature