

STATE OF INDIANA)
)
COUNTY OF MARION)

Center Township of Marion County
Small Claims Court
300 E. Fall Creek Pkwy N. Dr. #130
Indianapolis, Indiana 46205
(317) 920-4530 (317) 692-2058 (f)

CAUSE NO.: 49K01-_____ - SC-_____

Plaintiff)
)
)
vs)
)
)

Defendant)
)

vs

Defendant

JURY DEMAND

The Defendant, _____ (print name), being no fewer than ten (10) after the first setting of the initial hearing for the Notice of Claim as consistent with Marion County Small Claims Rule LR49-TP38-303, hereby demand that this claim be tried by Jury.

I understand that once a jury demand is GRANTED, I am responsible for paying the transfer fee within ten (10) days of demand grant. If I fail to pay this fee, I waive the right to a jury trial.

Respectfully submitted,

Date

Defendant

Certificate of Service

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

Signature of Defendant