

SMALL CLAIMS  
NOTICE OF CLAIM

\_\_\_\_\_  
Name

STATE OF INDIANA :  
COUNTY OF WARREN :

\_\_\_\_\_  
Street and Number

SMALL CLAIMS DOCKET  
Williamsport, IN 47993

\_\_\_\_\_  
City State Zip

CAUSE NO: 86C01- - SC -

\_\_\_\_\_  
Telephone PLAINTIFF

AGAINST

\_\_\_\_\_  
BMV -Title Division

\_\_\_\_\_  
Name

\_\_\_\_\_  
100 N Senate Ave

\_\_\_\_\_  
Street and Number

\_\_\_\_\_  
Indianapolis, IN 46204

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone DEFENDANT

TO THE CLERK: Please summon the defendant(s) to appear in court to answer this claim.

STATEMENT OF CLAIM

Request for Title.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plaintiff asks judgment against Defendant(s) for \$ \_\_\_\_\_ plus interest from  
\_\_\_\_\_, 20\_\_\_\_, at the rate of \_\_\_\_\_% and costs of this proceeding.

Date \_\_\_\_\_  
\_\_\_\_\_  
Plaintiff

NOTICE

Defendant(s) summoned and ordered to appear in the courtroom of the Warren Circuit Court,  
Williamsport, Indiana, at \_\_\_\_\_ o'clock \_\_\_\_ M., on the \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_. Service of this notice on Defendant(s) shall constitute notice of the time and place of hearing herein.

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

\_\_\_\_\_  
Clerk of the Warren Circuit Court  
By \_\_\_\_\_  
Deputy

The parties may appear either in person or by an attorney.  
The defendant(s) should bring to the hearing all documents in possession or control concerning the claim.  
If the defendant(s) does not wish to dispute the claim he or she may appear for the purpose of allowing the Court to  
establish the method of payment.  
The defendant(s) may contact the Clerk of the Warren Circuit Court, 125 N. Monroe St. Ste #11, Williamsport, IN  
47993, Telephone 765-762-3510 if he or she is unable to appear at the time or place designated in this notice.  
A default judgment may be entered against the defendant(s) if he or she fails to appear.  
If wishing a jury trial, request must be made within ten (10) days after receipt of the Notice of Claim.  
For instructions and information contact the Warren County Clerk, Small Claims Division.  
Court Address: Warren Circuit Court, 125 N. Monroe St., Ste #5, Williamsport, IN 47993. Telephone 765-762-3604.



## PHYSICAL INSPECTION OF A VEHICLE OR WATERCRAFT

State Form 39530 (R5 / 12-11)

Approved by State Board of Accounts, 2011

INDIANA BUREAU OF MOTOR VEHICLES

- INSTRUCTIONS:**
1. Approved inspector must complete information in blue or black ink or print form.
  2. The vehicle identification number (VIN) or hull identification number (HIN) must be inspected to verify the existence and condition of the number. An ownership document is not required to be submitted for inspection.
  3. Inspections may be performed by an employee of a dealer designated by the Indiana Secretary of State, a military policeman assigned to a military post in Indiana, a police officer, or a designated employee of a BMV full or partial service license branch.
  4. Police officers completing this form may not charge a fee of more than \$5.00 for vehicles. No fee may be collected for watercraft inspections. Authorized Indiana dealers and BMV full or partial service license branches may not assess a fee.
  5. Dealers may not perform watercraft inspections.

OWNER INFORMATION												
Name (last, first, middle initial or company name)												
Address (number and street)												
City										State		ZIP Code
VEHICLE OR WATERCRAFT INFORMATION												
Identification Number												<input type="checkbox"/> NONE (select if no identification number found)
Year		Make		Model		Type		Plate Number / State			Watercraft Registration Number, if applicable	
For assembled vehicles or watercraft include serial numbers for major component parts if present:												
Engine / Motor						Transmission						
Body Chassis						Front Assembly						
Rear Clip						Frame						
Other (specify):												
*IDACS / NCIC Check (required if form is completed by a police officer)												
Date Check Performed (mm/dd/yyyy)				Comments								
I swear or affirm that the information I have entered on this form is correct. I understand making a false statement may constitute the crime of perjury.												
Signature of Inspector				Printed Name				Title			Date (mm/dd/yyyy)	
Badge / Branch / Dealer Number				Police Department / Branch / Dealership				City			ZIP Code	
Telephone Number (     )				Email Address								