

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

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

_____))
Plaintiff))
))
vs))
))
_____))
Defendant))

JURY DEMAND

The Defendant, _____ (print name), being no fewer than ten (10) days after the first setting of the initial hearing as consistent with Indiana Small Claims Rule LR49-TP38-303, hereby demands 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