

STATE OF INDIANA )  
 ) SS:  
COUNTY OF ALLEN )

IN THE ALLEN SUPERIOR COURT  
SMALL CLAIMS DIVISION  
FORT WAYNE, INDIANA

CASE NUMBER:

\_\_\_\_\_  
Plaintiff(s)

**VS.**

\_\_\_\_\_  
Defendant(s)

**TO:**

# SUBPOENA

You are hereby commanded to appear on \_\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_\_M.  
in the **Allen Superior Court Small Claims Division, 1 West Superior St., Fort Wayne, IN 46802**, in Allen County, Indiana, for this case.

Bring the following with you to the hearing: **(STRIKE OUT IF NOT APPLICABLE)**

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
CLERK OF ALLEN CIRCUIT AND SUPERIOR COURTS  
(Seal)

\_\_\_\_\_  
Attorney / Party Preparing Subpoena (\_\_\_\_\_) (Party Represented)

or  
ATTORNEY AS OFFICER OF THE COURT

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State Zip Code

\_\_\_\_\_  
Telephone Number Supreme Court ID Number

### MANNER OF SERVICE

**SHERIFF** shall serve this Subpoena as follows:

- \_\_\_\_\_ personal service
- \_\_\_\_\_ leaving a copy at dwelling or place of employment

**OTHER** manner of service:

- \_\_\_\_\_ attorney to serve
- \_\_\_\_\_ private process server, \_\_\_\_\_
- \_\_\_\_\_ other (describe in particular and note Trial Rule)

**CLERK** shall serve this Subpoena as follows:

- \_\_\_\_\_ regular mail
- \_\_\_\_\_ certified mail
- \_\_\_\_\_ publication

### CERTIFICATE OF SERVICE BY REGULAR MAIL

I hereby certify a copy of this document was sent by U.S. mail as designated above, to the named person, at the address furnished, at Fort Wayne, Indiana.

Date: \_\_\_\_\_

**CERTIFIED MAIL**

I hereby certify, as indicated in the date issued field, that a copy of this document was sent to the named person at the address furnished, by registered / certified mail at Fort Wayne, Indiana, return receipt requested.

I hereby certify that service by registered / certified mail at Fort Wayne, Indiana, was attempted as required by law to the person and address stated on the return receipt attached; and that service [ ] was [ ] was not made, according to the information contained therein.

Date Issued: \_\_\_\_\_

Date Returned: \_\_\_\_\_

\_\_\_\_\_  
Clerk of the Allen Circuit and Superior Courts

\_\_\_\_\_  
Clerk of the Allen Circuit and Superior Courts

**ADMISSION OF SERVICE**

I received a copy of this document on this date \_\_\_\_\_ and at this location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Party                      Relationship (if not the within named person)

**RETURN OF SERVICE BY SHERIFF OR OTHER OFFICER**

Enter the alphabetical letter in the space provided to indicate the type of service.

**I served a copy of this document as specified:( \_\_\_\_\_ )**

READING/delivering a copy (A) to the within named party:

LEAVING A COPY for the within named party

(B) with the SPOUSE, named:

(C) with a RELATIVE, named:

(D) at the RESIDENCE, located at:

(E) with the EMPLOYER, named:

(F) with a SECRETARY, named:

(G) with the ATTORNEY, named:

(H) with this person (OTHER - specify):

\_\_\_\_\_  
Specify name of person, work supervisor, place of business, or location where copy was left.

**and (if applicable) by sending a copy of this document by first-class mail to the last known address of the within named person as indicated:**

\_\_\_\_\_  
Last Known Address of Person Named in the document (or Change of Address)

**I did not serve a copy of this document because:( \_\_\_\_\_ )**

(I) the party was NOT FOUND / NO SUCH ADDRESS.

(J) the document EXPIRED.

(K) the party AVOIDED service.

(L) the party REFUSED service.

(M) the party was NO LONGER EMPLOYED at that address.

(N) the document was RETURNED by the authority of the plaintiff.

(O) the party is DECEASED.

(P) the party was UNKNOWN AT THAT ADDRESS.

(Q) the party was on SICK LEAVE / LAY OFF.

(R) the party was on VACATION.

(S) the party was NOT FOUND / VACANT.

(T) the party was NOT FOUND / MOVED.

(U) the party was NOT FOUND IN THIS BAILIWICK.

(V) INSUFFICIENT ADDRESS OR INFORMATION WAS GIVEN.

(W) they are NO LONGER IN BUSINESS.

(X) several attempts were made / UNABLE TO SERVE.

(Y) of the following reason (OTHER - specify):

**I affirm, under the penalty of perjury, that the foregoing representations are true.**

\_\_\_\_\_  
Date Served / Attempted                      Time Served / Attempted

\_\_\_\_\_  
Signature of Sheriff of Allen County, Indiana (or other Officer)

\_\_\_\_\_  
(Printed Name of Process Server)

By: \_\_\_\_\_  
(Signature of Process Server)