

RESOLUTION

(Name of Corporation, Sole Proprietorship or Partnership)

WHEREAS, this corporation, sole proprietorship of partnership duly organized and existing under the laws of the State of Indiana, and,

WHEREAS, the corporation, sole proprietorship or partnership anticipates or does have matters which are the subject of litigation in the Small Claims Division, Fountain Circuit Court 2, Fountain County, Indiana, and,

WHEREAS, Indiana Trial Rule SC-8 permits this corporation, sole proprietorship or partnership to appear without legal counsel under conditions, it is therefore,

RESOLVED:

In any unassigned claim not exceeding Fifteen Hundred Dollars (\$1500.00) filed in the Small Claims Division of the Fountain Circuit Court, Fountain County Indiana, and this corporation, sole proprietorship or partnership designates and authorizes _____, a full time employee, to appear on its behalf and it shall be bound by any and all agreements relating to the small claims proceeding entered into including those assessed by reason of contempt, levied by a Court against the designated employee.

SECRETARY OF CORPORATION,
PARTNER/SOLE PROPRIETOR:

DATED: _____

Signature: _____
Printed Name: _____

AFFIDAVIT OF EMPLOYEE TO APPEAR IN COURT UNDER INDIANA TRIAL RULE SC-8

The undersigned affirms under penalty of perjury that he/she is not suspended or disbarred from the practice of law in the state of Indiana or any other jurisdiction and is a full time employee of _____, a corporation, sole proprietorship or partnership which he/she has been designated to appear in the Small Claim Division of the Montgomery County Superior Court 2 Indiana, in proceedings as set forth themselves.

DATED: _____

Signature: _____
Printed Name: _____

CERTIFICATE OF COMPLIANCE UNDER INDIANA TRIAL RULE SC-8

It is certified that the foregoing RESOLUTION and AFFIDAVIT OF EMPLOYEE have been received for filing with the Small Claims Division, Fountain Circuit Court 2, Indiana on behalf of the within named corporation, sole proprietorship or partnership.

DATED: _____

CLERK,
FOUNTAIN CIRCUIT COURT

DESIGNATED FULL-TIME EMPLOYEE APPEARANCE AND CERTIFICATE OF COMPLIANCE WITH SMALL CLAIM RULE 8

STATE OF INDIANA

_____ SMALL CLAIMS COURT/COURT

_____)
Plaintiff,)
v) CASE NO. _____
_____)
Defendant.)

APPEARANCE BY DESIGNATED FULL-TIME EMPLOYEE
(CLAIMS OF \$1500.00 OR LESS)

1. Name of Party: _____

2. Name of Designated Full-Time Employee: _____

Address: _____

Telephone No. _____

3. (WILL) (WILL NOT) accept FAX service. FAX Number: _____

4. Case Type: Small Claim

5. Are there related cases? [Yes (List Below)] [No]

Case Number(s): _____

6. THE UNDERSIGNED DESIGNATED FULL-TIME EMPLOYEE AFFIRMS UNDER THE PENALTIES FOR PERJURY THAT THEY ARE NOT A LAWYER WHO HAS BEEN DISBARRED OR SUSPENDED FROM THE PRACTICE OF LAW IN ANY JURISDICTION.

(Name of Designated Full-Time Employee)

TCM-SC8-1 Approved by Division of State Court Administration, Feb. 2011

CERTIFICATE OF COMPLIANCE

Attached is a copy of the resolution adopted by the Corporation, Limited Liability Company or Limited Liability Partnership designating the undersigned as its Designated Full-Time Employee to present its claims or defenses in this case.

(Name of Designated Full-Time Employee)

The undersigned Sole Proprietor or Managing Partner of the Partnership in this case hereby appoints _____, a full-time employee, to act as its Designated Full-Time Employee to present its claims or defenses in this case. I hereby certify that:

1. The sole proprietorship or partnership will be bound by any and all agreements relating to the small claims proceedings entered into by the designated employee and will be liable for any and all costs, including those assessed by reason of contempt, levied by a court against the designated employee and
2. By authorizing a designated full-time employee to appear and act on its behalf, the sole proprietorship or partnership waives any present or future claim for damages in this or any other forum associated with the facts and circumstances alleged in the notice of claim in excess of one thousand five hundred dollars (\$1500.00).

Date: _____

(Name of Sole Proprietor or Managing Partner)