

WAYNE SUPERIOR COURT NO. 3

**Appearance by Designated Full-Time Employee and
Certificate of Compliance with Indiana Small Claim Rule 8**
(Sole Proprietor or Partnership – Claims of \$1,500.00 or less only)

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. The undersigned designated FULL-TIME employee affirms under the penalties of perjury that he/she is not a lawyer who has been disbarred or suspended from the practice of law in any jurisdiction.

Dated: _____
Signature of Designated Full-Time Employee

Certificate of Compliance for Sole Proprietor or Partnership

The undersigned Sole Proprietor or Managing Partner of a Partnership 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 Full-Time Employee and will be liable for any and all costs, including those assessed by reason of contempt, levied by a court against the Designated Full-Time 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 forum associated with the facts and circumstances alleged in the notice of claim in excess of one thousand five hundred dollars (\$1,500.00).

This appointment shall remain in effect until revoked by the Sole Proprietor or Partnership.

Dated: _____
Printed Name of Sole Proprietor or Managing Partner

Signature of Sole Proprietor or Managing Partner