

STATE OF INDIANA )

IN THE LAPORTE SUPERIOR COURT 3

) SS:

COUNTY OF LAPORTE

**CERTIFICATE OF COMPLIANCE FOR SMALL CLAIMS RULE 8**

\_\_\_\_\_  
(Name of Company)

The above-named company does business in the State of Indiana as a [*check one*]

\_\_\_\_\_ Corporation      \_\_\_\_\_ Sole Proprietorship      \_\_\_\_\_ Partnership

In small claims cases in which the claim does not exceed \$6,000, Small Claims Rule 8 allows a full-time employee who is not an attorney to represent a corporation, sole proprietorship, or partnership on such a claim. A sole proprietorship or partnership may be represented by an owner or partner regardless of the amount of the claim. [A limited liability company (LLC) may be represented in all cases by a manager provided in the Articles of Organization or by a member if there is no provision for a manager.]

The company has appointed \_\_\_\_\_, who is a full-time employee, to represent the company in cases on the Small Claims Docket of La Porte Superior Court No. 3. (If the company is a corporation, the appointment must be made by a duly-adopted resolution of the board of directors.) The company acknowledges that it 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 the Court against the designated employee. The company further acknowledges that a new Certificate of Compliance must be filed with the Court if the designated employee changes.

I hereby certify that the above representations are true.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Position in Company

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**AFFIDAVIT OF EMPLOYEE FROM SMALL CLAIMS RULE 8**

\_\_\_\_\_  
(Name of Company)

Pursuant to the requirements of Small Claim Rule 8©, I hereby swear or affirm under the penalties for perjury that:

1. I am a full-time employee at \_\_\_\_\_  
(Name of Company)
2. I have been designated to appear on my Company's behalf and represent it in the case.
3. My employer has a current Certificate of Compliance on file with the Court certifying this designation.
4. I am not currently disbarred or suspended from the practice of law in Indiana or any other jurisdiction.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Position in Company