

Case No. _____

Defendant's Name (Who you are suing): _____

INSTRUCTIONS IF YOUR DEFENDANT IS LOCATED OUTSIDE OF JOHNSON COUNTY

If you have multiple Defendants, a copy of this form is to be submitted for each Defendant.

If the Defendant upon whom you are filing is to be served outside of Johnson County, **it is the Plaintiff's responsibility to provide the court the following information:**

1) The name of the Constable, Sheriff, or other Agency that will be serving the citation:

2) The address and phone number of the Constable, Sheriff, or other Agency to send the citation for service:

The service fee that the above listed agency requires to serve a Small Claims citation or Debt Claim citation is \$_____. **This payment MUST be a Money Order or Cashiers' Check made payable as instructed to you by the above-named Agency.**

Plaintiff's Signature: _____

Phone Number of Plaintiff: _____

Date Signed: _____