

MONEY CLAIM
Original Notice-Small Claims (Action for Money Judgment)
IN THE IOWA DISTRICT COURT
IN AND FOR JOHNSON COUNTY, IOWA
(Small Claims Division)

FILED

2011 OCT -3 PM 12:59

CLERK OF DISTRICT COURT
JOHNSON COUNTY, IOWA

ORIGINAL NOTICE

Small Claim No. SCSC0 80568

BIG TEN PROPERTY MANAGEMENT LLC

Plaintiff(s)

PO BOX 1490

Address of said Plaintiff

IOWA CITY IA 52244

LISA LAMMER, TYLER LAMMER,

Defendant(s) JULSO GOMEZ

200 HANKINS DR 40025 PFP

Address of said Defendant

IOWA CITY IA 52242-1090

TO THE ABOVE NAMED DEFENDANT(S):

YOU ARE HEREBY NOTIFIED that the plaintiff(s) demand(s) from you the amount of \$ 1450.00

plus court costs, based on DAMAGES TO APARTMENT UPON LEASE EXPIRATION.

(State briefly the basis for the demand)

UNLESS YOU APPEAR by completing the attached Appearance and Answer form with the clerk of the court at the Johnson County Courthouse, in Iowa City, Iowa 52244, within 20 days after service of this notice upon you, judgment shall be entered against you upon plaintiff's claim together with interest and court costs.

IF YOU DENY THE CLAIM AND APPEAR by filing the attached Appearance and Answer within 20 days after service of this notice upon you, you will then receive notification from the clerk's office of the place and time assigned for hearing.

PHILIP BTPM LLC
Signature of Plaintiff(s) or Attorney for Plaintiff(s)
Plaintiff(s) Phone No. 319-354-0028

Address (if different than above)

JUDGMENT ENTRY

IT IS HEREBY ORDERED THAT JUDGMENT BE ENTERED AGAINST THE DEFENDANT(S)

Plaintiff(s)

In the amount of \$ _____ with interest at the rate of _____ % from
the _____ day of _____, A.D., 20 _____ and Attorney Fees in the amount of \$ _____
plus court costs in the amount of \$ _____.

IT IS FURTHER ORDERED that the foregoing judgment be paid at the rate of \$ _____ per
(month) (week) commencing _____. Dated this _____ day of _____, A.D., 20 _____
Date: _____

Mailed to: _____

(Magistrate) (Clerk of Court, Johnson County, Iowa)
Bond On Appeal \$ _____

BY: _____
Clerk's Office Personnel Responsible for Mailing

PROOF OF MAILING

I, _____, Clerk of District Court hereby certify that on the _____ day of _____, A.D., 20_____, I mailed a copy of this notice to _____ at the address shown on original notice by certified mail, restricted delivery, return receipt requested.

Clerk of District Court
By _____, Clerk's Designee
_____ County, Iowa

THE STATE OF IOWA }
_____ County } ss.

RETURN OF SERVICE OF ORIGINAL NOTICE

The within notice received this _____ day of _____, 20_____, and I certify that I served the same on the defendants named below by delivering a copy thereof to each of said defendants personally at the time and place set opposite their respective names:

Name of Defendant	Month	Day	Year	City, Town or Twp.	County	State
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

FEES:

Service \$ _____
Copies \$ _____
Mileage \$ _____
Total \$ _____

Official Title

THE STATE OF IOWA }
_____ County } ss.

RETURN OF SERVICE OF ORIGINAL NOTICE

The within notice received this _____ day of _____, 20_____, and I certify that on the _____ day of _____, 20_____, I served the same on the defendant _____

A. At his dwelling house or usual place of abode in city, town or township of _____ in _____ County, State of Iowa, by there delivering a copy thereof to _____, a person residing therein who was then at least 18 years old.

B. That such place was a rooming house, hotel, club or apartment building (1), and the person to whom the copy was delivered was _____ (2).

C. That the above named defendant is _____, (designate if a partnership, corporation or individual suable under a common name) _____ (3) of said defendant in the city, town or township of _____, in _____ County, State of Iowa.

Official Title

D. **ACCEPTED SERVICE:** Due and legal service of the within notice and receipt of a copy of the same is hereby acknowledged on this _____ day of _____, 20_____ at _____, Iowa.

- (1) Strike out words that are not appropriate.
- (2) Insert "a member of defendant's family" or "the manager, clerk, proprietor or custodian of such place" that may state the facts.
- (3) Designate whether office, agent, general partner, etc., as may be appropriate under Rule 56.

If you require the assistance of auxiliary aids or services to participate in court because of a disability, immediately call your district ADA coordinator at 1-319-398-3920, Ext. 1100. (If you are hearing impaired call Relay Iowa TTY at 1-800-735-2942)

**APPEARANCE AND ANSWER
OF DEFENDANT**

**IN THE IOWA DISTRICT COURT IN AND FOR
JOHNSON COUNTY, IOWA**

Plaintiff(s)

(Name).....)

(Address).....)

(Name).....)

(Address).....)

**Appearance and Answer
of Defendant**

VS.

}

SCSC0.....

Defendant(s)

(Name).....)

(Address).....)

(Name).....)

(Address).....)

Daytime Phone Number:

**I HEREBY enter my appearance and Deny / Admit (circle one)
the claim of the Plaintiff(s).**

.....
Defendant

By.....
Attorney for Defendant

JOHNSON COUNTY CLERK OF DISTRICT COURT



P.O. Box 2510
Iowa City, Iowa 52244-2510
PHONE 319.356.6060

Lodema Berkley, Clerk of Court
Barbara Bigelow, Supervisor
Tammie Christiansen, Supervisor

If you wish to have a hearing to argue your side of this case before a Magistrate Judge, then fill out the attached APPEARANCE AND ANSWER OF DEFENDANT form and circle the word **DENY**. Then see that it gets to our office within the amount of time indicated on the ORIGINAL NOTICE form. If you circle the word **ADMIT**, a Hearing before a Magistrate will not be scheduled and a Judgment will be entered against you by default.

If you wish to settle this Small Claim, please contact the Plaintiff, or their Attorney, *as soon as possible*, so that a DISMISSAL is filed with our office before the time period shown on the ORIGINAL NOTICE has passed.

Our office is located at 417 South Clinton Street, Iowa City, Iowa 52240. If you choose to mail your Appearance and Answer form to our office, do so at the mailing address listed above.

PLEASE NOTE: Our office will notify you by ordinary mail of the date and time of the hearing. **PLEASE WRITE YOUR CORRECT MAILING ADDRESS ON THE APPEARANCE AND ANSWER OF DEFENDANT** form. This is the exact address that your Hearing Notice will be mailed to. Also, please indicate a phone number that you can be reached at during our office hours.

If you require the assistance of auxiliary aids or services to participate in court because of a disability, immediately call your district ADA coordinator at 1-319-398-3920, Ext. 1100. (If you are hearing impaired, call Relay Iowa TTY at 1-800-735-2942)

To search Iowa Court Records online, go to:

www.iowacourts.gov

in the left column click Online Court Services

then click Online Docket Record

next click Online Docket Records Search

under Trial Court click Case Search

then type in the Name and click the drop down boxes for Role, County, and Case Type then click Search, when found, go to Filings, etc. to follow the proceedings in your case

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ORIGINAL NOTICE

Small Claim No. SCSC0 80568

BIG TEN PROPERTY MAINTENANCE LLC
Plaintiff(s)

PO BOX 1490
Address of said Plaintiff

IOWA CITY IA 52244

LISA LAMMER, TYLER LAMMER,
Defendant(s)

200 HAWKINS DR 40025 PFP
Address of said Defendant

IOWA CITY IA 52242-1090

TO THE ABOVE NAMED DEFENDANT(S):

YOU ARE HEREBY NOTIFIED that the plaintiff(s) demand(s) from you the amount of \$ 1450.00
plus court costs, based on DAMAGES TO APARTMENT UPON LEASE EXPIRATION.
(State briefly the basis for the demand)

UNLESS YOU APPEAR by completing the attached Appearance and Answer form with the clerk of the court at the Johnson County Courthouse, in Iowa City, Iowa 52244, within 20 days after service of this notice upon you, judgment shall be entered against you upon plaintiff's claim together with interest and court costs.

IF YOU DENY THE CLAIM AND APPEAR by filing the attached Appearance and Answer within 20 days after service of this notice upon you, you will then receive notification from the clerk's office of the place and time assigned for hearing.

X PHEDRA BIPM LLC
Signature of Plaintiff(s) or Attorney for Plaintiff(s)
Plaintiff(s) Phone No. 319-354-0028

Address (if different than above)

JUDGMENT ENTRY

IT IS HEREBY ORDERED THAT JUDGMENT BE ENTERED AGAINST THE DEFENDANT(S)

Plaintiff(s)
In the amount of \$ _____ with interest at the rate of _____ % from
the _____ day of _____, A.D., 20____ and Attorney Fees in the amount of \$ _____
plus court costs in the amount of \$ _____.

IT IS FURTHER ORDERED that the foregoing judgment be paid at the rate of \$ _____ per
(month) (week) commencing _____. Dated this _____ day of _____, A.D., 20____

Date: _____

Mailed to: _____

(Magistrate) (Clerk of Court, Johnson County, Iowa)
Bond On Appeal \$ _____

BY: _____
Clerk's Office Personnel Responsible for Mailing

PROOF OF MAILING

I, _____, Clerk of District Court hereby certify that on the _____ day of _____, A.D., 20_____, I mailed a copy of this notice to _____ at the address shown on original notice by certified mail, restricted delivery, return receipt requested.

Clerk of District Court
By _____, Clerk's Designee
_____ County, Iowa

THE STATE OF IOWA }
_____ County } ss.

RETURN OF SERVICE OF ORIGINAL NOTICE

The within notice received this _____ day of _____, 20_____, and I certify that I served the same on the defendants named below by delivering a copy thereof to each of said defendants personally at the time and place set opposite their respective names:

Name of Defendant	Month	Day	Year	City, Town or Twp.	County	State
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

FEES:

Service \$ _____
Copies \$ _____
Mileage \$ _____
Total \$ _____

Official Title

THE STATE OF IOWA }
_____ County } ss.

RETURN OF SERVICE OF ORIGINAL NOTICE

The within notice received this _____ day of _____, 20_____, and I certify that on the _____ day of _____, 20_____, I served the same on the defendant _____

A. At his dwelling house or usual place of abode in city, town or township of _____ in _____ County, State of Iowa, by there delivering a copy thereof to _____, a person residing therein who was then at least 18 years old.

B. That such place was a rooming house, hotel, club or apartment building (1), and the person to whom the copy was delivered was _____ (2).

C. That the above named defendant is _____ (designate if a partnership, corporation or individual suable under a common name) _____ (3) of said defendant in the city, town or township of _____, in _____ County, State of Iowa.

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- (3) Designate whether office, agent, general partner, etc., as may be appropriate under Rule 56.

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OF DEFENDANT**

**IN THE IOWA DISTRICT COURT IN AND FOR
JOHNSON COUNTY, IOWA**

Plaintiff(s)

(Name).....)

(Address).....)

(Name).....)

(Address).....)

**Appearance and Answer
of Defendant**

VS.

}

SCSC0.....

Defendant(s)

(Name).....)

(Address).....)

(Name).....)

(Address).....)

Daytime Phone Number:

**I HEREBY enter my appearance and Deny / Admit (circle one)
the claim of the Plaintiff(s).**

.....
Defendant

By.....
Attorney for Defendant



JOHNSON COUNTY CLERK OF DISTRICT COURT

P.O. Box 2510
Iowa City, Iowa 52244-2510
PHONE 319.356.6060

Lodema Berkley, Clerk of Court
Barbara Bigelow, Supervisor
Tammie Christiansen, Supervisor

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in the left column click Online Court Services
then click Online Docket Record
next click Online Docket Records Search
under Trial Court click Case Search
then type in the Name and click the drop down boxes for Role, County, and Case Type
then click Search, when found, go to Filings, etc. to follow the proceedings in your case