

PLAINTIFF(S) ATTORNEY INFORMATION:

Name/Address/Phone

Plaintiff(s) Name/Address/Phone

V.

Defendant(s) Name/Address/Phone

CASE NUMBER _____
**APPLICATION FOR
ENTRY OF DEFAULT
CIVIL**

NOTICE IS HEREBY GIVEN TO:

Defendant(s): _____

Defendant(s) counsel: _____ Identity unknown
At last known address _____

If you do not answer or file a responsive pleading with this court within ten (10) days of the filing of this application, default will be effective and a default judgment will be entered against you. The ten (10) day period begins the day after the application is filed with the court; the ten (10) day period does not include Saturdays, Sundays, or holidays, and no additional time is added for service by mail.

- The above named defendant(s) has failed to plead or otherwise defend in this action within the time allowed by law.
- Defendant(s) named herein is engaged in active military service.
Supporting facts are: _____
 Defendant(s) named herein is not in the armed forces of the United States
Supporting facts are: _____
 I am unable to determine whether the defendant(s) is in the military.
- This application is made for the purpose of entering default against the defendant(s).

Date: _____

Signature

STATEMENT OF SERVICE	
I certify that I will mail a copy of the Application for Entry of default to the opposing party(ies) at the address(es) listed.	
Date: _____	_____
	<i>Signature</i>