

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) working days of the filing of this application, default will be effective and a default judgment will be entered against you.

1. The above named defendant(s) has failed to plead or otherwise defend in this action within the time allowed by law.

2. 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.

3. This application is made for the purpose of entering default against the defendant(s).

Date: _____

Signature

CERTIFICATE OF MAILING

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: _____

Signature