

STATE OF INDIANA)
) SS:
COUNTY OF CASS) CASE NO. _____

IN RE THE _____ OF:

Petitioner,
V.

Respondent.

APPEARANCE BY SELF-REPRESENTED PERSON IN CIVIL CASE

This Appearance Form must be filed on behalf of every party in a civil case,

1. My Name is: _____ and I am

Initiating (filing) _____;
Responding (answering or defending) _____; or
Intervening _____;

in this case and am representing myself.

2, Contact information for receiving legal service of documents and case information is required by Court Rules: *(NOTE: If you are the Initiating party and this case, or a related case, involves a protection from abuse order, a workplace violence restraining order, or a no-contact order, you must provide an address/or the purpose of legal service of documents but that address should not be one that exposes the whereabouts of a petitioner)*

Address: _____

Email Address: _____

Phone: _____

FAX: _____

OR, if in the related case, you have used the Attorney General Confidential address, you may check the box below:

_____. Attorney General confidential address (contact the Attorney General at 1-800-321-1907 or e-mail address is confidential@atg.state.in.us).

3. This is a _____ case type as defined in administrative Rule 8(B)(3).
(Clerk will supply this information.)

4. I will accept service by FAX at the following number _____

5. This case is a domestic relations matter, involves Uniform1 Reciprocal Enforcement of support (URESAs), paternity, delinquency, Child in Need of Services (CHINS), guardianship, or any other proceedings in which support may be an issue, and social security numbers of all family members are supplied on a separately attached document (Form TCM-TR3.1-4) filed as confidential information on light green paper.

_____ Yes _____ No

6. There are related cases: Yes_____ No_____ (If yes, please indicate below.)

Caption and case number of related cases:

Caption: _____ Case Number: _____

Caption: _____ Case Number: _____

Caption: _____ Case Number: _____

Caption: _____ Case Number: _____

Caption: _____ Case Number: _____

Caption: _____ Case Number: _____

7. Additional information required by local rule:

Self-Represented Party