

STATE OF INDIANA) IN THE CASS SUPERIOR COURT 1
)SS SMALL CLAIMS
COUNTY OF CASS) 20__ TERM

APPEARANCE FORM

Case Number: _____

Caption: _____

1. _____

Plaintiff/Defendants Name

2. Plaintiff/Defendants information

Name: _____

Address: _____

Telephone _____ Fax: _____

E-Mail Address (*required*) _____

3. Will accept FAX service: Yes _____ No _____

DATE: _____

SIGNATURE