STATE OF INDIANA)	IN THE	SUPERIOR/CIRCUIT COURT
COUNTY OF) SS:)	CASE NO	
IN RE THE	OF:		
Petitioner,			
V.			
Respondent.			
<u>APPEARA</u>	NCE BY SEL	F-REPRESENTED PE	RSON IN CIVIL CASE
This Appeara	ance Form mu	st be filed on behalf of	every party in a civil case.
1. My Name is:		and I	am
Initiating (filing); Responding (answering or Intervening;	r defending)	; or	
in this case and am representing n	nyself.		
Rules: (NOTE: If you are the Initi	ating party and der, or a no-co	d this case, or a related c ontact order, you must pr	nd case information is required by Court ase, involves a protection from abuse order, ovide an address for the purpose of legal whereabouts of a petitioner)
Address:			
Email Address:Phone:FAX:			
OR, if in the related case, you hav	ve used the Atto	orney General Confidenti	al address, you may check the box below:
Attorney General co or e-mail address		`	General at 1-800-321-1907
3. This is a(Clerk will supply this info		se type as defined in adm	ninistrative Rule 8(B)(3).
4. I will accept service by	FAX at the fol	lowing number	

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paternity, delinquency, Child in Need of Se	matter, involves Uniform Reciprocal Enforcement of support (URESA), ervices (CHINS), guardianship, or any other proceedings in which support rs of all family members are supplied on a separately attached document 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:
7. Additional information required by local	rule:
	Self-Represented Party