

In the
Indiana Supreme Court



CAUSE NUMBER: 94S00-1205-MS-275

ORDER AMENDING INDIANA RULES OF APPELLATE PROCEDURE

Under the authority vested in this Court to provide by rule for the procedure employed in all courts of this state and this Court's inherent authority to supervise the administration of all courts of this state, Indiana Rule of Appellate Procedure 9 and Forms 16-1 and 16-2 are amended as follows (deletions shown by ~~striking~~ and new text shown by underlining):

...

Appellate Rule 9

...

F. Content of Notice of Appeal.

...

(9) *Certification.* A certification, signed by the attorney or pro se party, certifying the following:

- (a) That the case does or does not involve an interlocutory appeal or issues of child custody, support, visitation, adoption, paternity, determination that a child is in need of services, termination of parental rights, and all other appeals entitled to priority by rule or statute;
- (b) That the attorney or pro se party has reviewed and complied, and will continue to comply, with the requirements of Rule 9(J) and Administrative Rule 9(G)(4), to the extent they apply to the appeal; and
- (c) That the attorney or pro se party will make satisfactory payment arrangements for any transcripts ordered in the Notice of Appeal, as required by Rule 9(H).

...

Form # App.R. 16-1

IN THE INDIANA [SUPREME COURT/COURT OF APPEALS/TAX COURT]
CAUSE NO. _____

NAME,) [Appeal or Petition] from the [_____] Court or
[Appellant/Petitioner],) Administrative Agency]
((Plaintiff/Defendant/)
Claimant/Respondent)
below)),) Trial Court [or Administrative Agency number]
Case No.: _____
v.)
NAME,) The Honorable _____,
[Appellee/Respondent],) Judge.
((Plaintiff/Defendant/)
Claimant/Respondent)
below)).)

APPELLEE'S NOTICE OF APPEARANCE

I. Party Information

Name: _____
Address: _____

The following party information only if not represented by an attorney:

Tel. No.: _____ Fax No.: _____

E-Mail: _____

Requesting service of orders and opinions of the Court by:

[] E-mail [] FAX or [] U.S. Mail (choose one)

In forma pauperis: [] Yes [] No

II. Attorney Information, if applicable (all fields must be supplied):

Name: _____

Attorney # _____

Address: _____

Tel. No.: _____ Fax No.: _____

E-Mail: _____

III. Appellate ADR (in all civil cases) (circle one)

Appellee [] is [] is not willing to participate in Appellate ADR.

Respectfully submitted,

Signed: _____

Printed: _____

[Insert Name of Attorney or pro se party]

Address: _____

Telephone number: _____

E-mail Attorney Number (if applicable): _____

CERTIFICATE OF SERVICE

I hereby certify that on this _____ day of _____, 20_____, the foregoing was served upon the following persons, by [state exact method of service]:

- [List names and address of:
- (1) counsel of record or pro se party;
- (2) Attorney General, if applicable]

[Signature]

Form # App.R. 16-2

IN THE INDIANA [SUPREME COURT/COURT OF APPEALS/TAX COURT]
CAUSE NO. _____

NAME,)	[Appeal or Petition] from the [_____ Court or
[Appellant/Petitioner],)	Administrative Agency]
([Plaintiff/Defendant/)	
Claimant/Respondent)	
below]),)	Trial Court [or Administrative Agency number]
)	Case No.: _____
v.)	
)	
NAME,)	The Honorable _____,
[Appellee/Respondent],)	Judge.
([Plaintiff/Defendant/)	
Claimant/Respondent)	
below]).)	

NOTICE OF APPEARANCE
(in Interlocutory appeals)

I. Party Information

Name: _____
Address: _____

The following party information only if not represented by an attorney:

Tel. No.: _____ Fax No.: _____

E-Mail: _____

Requesting service of orders and opinions of the Court by:

E-mail FAX or U.S. Mail (choose one)

In forma pauperis: Yes No

II. Attorney Information, if applicable (all fields must be supplied):

Name: _____

Attorney # _____

Address: _____

Tel. No.: _____ Fax No.: _____

E-Mail: _____

III. Appellate ADR (in all civil cases) (circle one)

Appellee is is not willing to participate in Appellate ADR.

Respectfully submitted,

Signed: _____

Printed: _____

[Insert Name of Attorney or pro se party]

Address: _____

Telephone number: _____

E-mail-Attorney Number (if applicable): _____

CERTIFICATE OF SERVICE

I hereby certify that on this _____ day of _____, 20_____, the foregoing was served upon the following parties, by [state exact method of service]:

- [List names and address of:
(1) counsel of record or pro se party;
(2) Attorney General, if applicable]

[Signature]

These amendment shall take effect January 1, 2013.

The Clerk of this Court is directed to forward a copy of this Order to the clerk of each circuit court in the state of Indiana; Attorney General of Indiana; Legislative Services Agency and its Office of Code Revision; Administrator, Indiana Supreme Court; Administrator, Indiana Court of Appeals; Administrator, Indiana Tax Court; Public Defender of Indiana; Prosecuting Attorney's Council; Public Defender's Council; Indiana Supreme Court Disciplinary Commission; Indiana Supreme Court Commission for Continuing Legal Education; Indiana Board of Law Examiners; Indiana Judicial Center; Division of State Court Administration; Indiana Judges and Lawyers Assistance Program; the libraries of all law schools in this state; the Michie Company; and Thomson Reuters. The Clerk is also directed to post this Order to the Court's website.

Thomson Reuters is directed to publish this Order in the advance sheets of this Court.

The Clerks of the Circuit and Superior Courts are directed to bring this Order to the attention of all judges within their respective counties and to post this Order for examination by the Bar and general public.

DONE at Indianapolis, Indiana, this 7th day of September, 2012.

/s/Brent E. Dickson
Brent E. Dickson
Chief Justice of Indiana

All Justices concur.