

**Form Number 1**

1 STATE OF INDIANA ) IN THE \_\_\_\_\_ SUPERIOR/CIRCUIT COURT  
2 ) SS:  
3 COUNTY OF \_\_\_\_\_ ) CASE NO. \_\_\_\_\_  
4  
5

6 \_\_\_\_\_  
7 Petitioner,  
8

9 V.  
10

11 \_\_\_\_\_  
12 Respondent.  
13

14 **APPEARANCE**

15  
16  
17 1. \_\_\_\_\_ Party: \_\_\_\_\_

18 2. Attorney Information: Self-Represented

19 3. Case Type : \_\_\_\_\_

20 4. Will **NOT** accept FAX service.

21 5. Names of all family members: \_\_\_\_\_  
22 \_\_\_\_\_

23 \_\_\_\_\_ child/ren are involved in this matter.

24 6. Are there related cases? Yes \_\_\_ No \_\_\_

25 Case Number(s): \_\_\_\_\_

26 \_\_\_\_\_  
27 Signature

28 \_\_\_\_\_  
29 Print your name

30 \_\_\_\_\_  
31 Mailing Address

32 \_\_\_\_\_  
33 Town, State and Zip Code

34 \_\_\_\_\_  
35 Telephone number, with area code