

Form Number 1

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

5 IN RE THE _____ OF: _____
6

7 _____
8 Petitioner,
9

10 V.
11

12 _____
13 Respondent.
14

15 **APPEARANCE**

16
17
18 1. _____ Party: _____

19 2. Attorney Information: Self-Represented

20 3. Case Type : DR

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

22 5. Names of all family members: _____
23 _____

24 _____ child/ren are involved in this matter.

25 6. Are there related cases? Yes ___ No ___

26 Case Number(s): _____

27 _____
28 Signature

29 _____
30 Print your name

31 _____
32 Mailing Address

33 _____
34 Town, State and Zip Code

35 _____
36 Telephone number, with area code