

APPEARANCE FORM (CRIMINAL – DEFENSE ATTORNEY)

IN THE _____ COURT

THE STATE OF INDIANA)
)
vs.) **Case Number:** _____
)
_____)
(Insert Name of Defendant),)
DEFENDANT.)

Appearance for Defendant

- 1. The undersigned attorney listed on this form now appears in this case for the Defendant.
- 2. Defense Attorney information (as applicable for service):

Name (printed): _____
Attorney No.: _____
Address: _____

Telephone: _____
Email Address: _____

Note: If additional attorneys represent the defendant, list each on a continuation page.

3. Additional information specified by state or local rule required to maintain the information management system employed by the court:

CERTIFICATE OF SERVICE

The undersigned certifies that a copy of the foregoing document has been served upon the following parties by the indicated methods: _____

(List Individual Parties & Method of Service)

on _____.

Date: _____

(Attorney Signature)

(Printed Name)

Authority: Under Criminal Rule 2.1(C), this form shall be filed at the time an attorney for the defendant first appears in the case. In emergencies, the requested information shall be supplied when it becomes available. Parties shall advise the court of a change in information previously provided to the court. This format is approved by the Indiana Office of Court Services.