APPEARANCE FORM (CIVIL – SELF REPRESENTED PARTY)

IN THE				COURT		
STATE OF INDIANA COUNTY OF)) Case Number: (To be supplied by Clerk when case is filed.)			
	PLAINTIFF	·,)				
	VS.)				
		,)				
	DEFENDAN	NT.				
	A	PPEARANCE B	Y SELF-REPRESEN	TED PARTY		
This A	Appearance Fo	rm must be filed	by every self-represer	nted party in a civil case.		
1.	The party on whose behalf this form is being filed is:					
	Initiating	Responding	Intervening	;and elects to represent		
	themself without the assistance of legal counsel.					
	Name of party					
	Address of party (See Question # 6 below if this case involves a protection from abuse order, a workplace violence restraining order, or a no-contact order)					
	Telephone # or	f party				
	FAX:					
	Email Address	:				
(List c	on a continuation	n page additional	parties this attorney re	presents in this case.)		
2.	This is a	case typ	e as defined in adminis	trative Rule 8(B)(3).		

3.	I will accept service from other parties by:						
	FAX at the above noted number: Yes No						
	Email at the above noted number: Yes No						
4.	This case involves child support issues. Yes No (If yes, supply social security numbers for all family members on a separately attached document filed as confidential information on light green paper . Use Form TCM-TR3.1-4.)						
5.	5. The caption and case number of all related cases:						
6.	. Additional information specified by state or local rule required to maintain the information management system employed by the court:						
7.	This case involves a protection from abuse order, a workplace violence restraining order or a no – contact order. Yes No (If Yes, the initiating party must provide an address for the purpose of legal service but that address should not be one that exposes the whereabouts of a petitioner.) The party shall use the following address for purposes of legal service:						
	Self Represented Party's address						
	The Attorney General Confidentiality program address						
	(contact the Attorney General at 1-800-321-1907 or e-mail address is confidential@atg.in.gov) .						
	Another address (provide)						
8.	This case involves a petition for involuntary commitment. Yes No						
	If Yes above, provide the following regarding the individual subject to the petition for involuntary commitment:						
	a. Name of the individual subject to the petition for involuntary commitment if it is not already provided in #1 above:						

b.	State o	State of Residence of person subject to petition:				
c.	At least one of the following pieces of identifying information:					
	(i)	Date of Birth				
	(ii)	i) Driver's License Number				
		State where issued	Expiration date			
	(iii)	State ID number				
		State where issued	Expiration date			
	(iv)	FBI number				
	(v)	Indiana Department of Corrections Number				
	(vi)	Social Security Number is a	vailable and is being provided in an attached			
		confidential document Yes	No			
9. The case involves a petition for guardianship and a confidential, completed Guardianship Information Sheet is attached.						
10. CERTIFICATE OF SERVICE. This form has been served on all other parties on						
		: Party	Means of Service			
Dat	e:	Sel	f-Represented Party			