

FORM 86-1

STATE OF INDIANA) IN THE _____ COURT

) SS:

COUNTY OF _____)

Case Number:

(To be supplied by Clerk when case is filed.)

(Caption)

E-FILING APPEARANCE BY ATTORNEY IN CIVIL CASE

This Appearance Form must be filed on behalf of every party in a civil case.

1. The party on whose behalf this form is being filed is:

Initiating ____ Responding ____ Intervening ____; and

the undersigned attorney and all attorneys listed on this form now appear in this case for the following parties:

Name of party _____

Address of party *(see Question # 5 below if this case involves a protection from abuse order, a workplace violence restraining order, or a no-contact order)*

Telephone # of party _____

(List on a continuation page additional parties this attorney represents in this case.)

2. Attorney information for service as required by Trial Rule 5(B)(2)

Name: _____ Atty Number: _____

Address: _____

Phone: _____

FAX: _____

Email Address: _____

IMPORTANT: Each attorney specified on this appearance:

- (a) certifies that the contact information listed for him/her on the Indiana Supreme Court Roll of Attorneys is current and accurate as of the date of this Appearance;
- (b) **acknowledges that all orders, opinions, and notices from the court in this matter that are served under Trial Rule 86(B) will be sent to the attorney at the email address(es) specified by the attorney on the Roll of Attorneys regardless of the contact information listed above for the attorney;** and
- (c) understands that he/she is solely responsible for keeping his/her Roll of Attorneys contact information current and accurate, see Ind. Admis. Disc. R. 2(A).

Attorneys can review and update their Roll of Attorneys contact information on the Courts Portal at <http://portal.courts.in.gov>.

- 3. This is a _____ case type as defined in administrative Rule 8(B)(3).
- 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. 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:

- _____ Attorney'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) _____

This case involves a petition for involuntary commitment. Yes ___ No ___

- 6. 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 of Residence of person subject to petition: _____

c. At least one of the following pieces of identifying information:

(i) Date of Birth _____

(ii) 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 available and is being provided in an attached confidential document Yes ___ No ___

7. There are related cases: Yes ___ No ___ *(If yes, list on continuation page.)*

8. Additional information required by local rule:

9. There are other party members: Yes ___ No___ *(If yes, list on continuation page.)*

10. This form has been served on all other parties and Certificate of Service is attached: Yes___ No___

Attorney-at-Law
(Attorney information shown above.)