

STATE OF INDIANA ) IN THE \_\_\_\_\_ COURT  
 ) SS:  
COUNTY OF \_\_\_\_\_ ) Case Number:  
 (To be supplied by Clerk when case is filed.)

(Caption)

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 # 6 below if this case involves a protection from abuse order, a workplace violence restraining order, or a no-contact order)

\_\_\_\_\_  
\_\_\_\_\_

Telephone # of party \_\_\_\_\_

FAX: \_\_\_\_\_

Email Address: \_\_\_\_\_

(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: \_\_\_\_\_

(List on continuation page additional attorneys appearing for above party)

3. This is a \_\_\_\_\_ case type as defined in administrative Rule 8(B)(3).
4. I will accept service from other parties by:  
 FAX at the above noted number: Yes \_\_\_\_ No \_\_\_\_  
 Email at the above noted number: Yes \_\_\_\_ No \_\_\_\_
5. 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.)*
6. 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)  
 \_\_\_\_\_

7. This case involves a petition for involuntary commitment. Yes \_\_\_\_ No \_\_\_\_
8. 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 \_\_\_\_

9. There are related cases: Yes \_\_\_\_ No \_\_\_\_ (*If yes, list on continuation page.*)

10. Additional information required by local rule:

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11. There are other party members: Yes \_\_\_\_ No \_\_\_\_ (*If yes, list on continuation page.*)

12. This form has been served on all other parties and Certificate of Service is attached:  
Yes \_\_\_\_ No \_\_\_\_

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