

**TEMPORARY APPEARANCE (CRIMINAL – DEFENSE ATTORNEY)**

**IN THE \_\_\_\_\_ COURT**

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

**Temporary Appearance by Attorney for Defendant**

Temporary Appearance will end (insert date): \_\_\_\_\_.

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

Name (printed): \_\_\_\_\_  
Attorney No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

- 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(F), 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.*