

STATE OF INDIANA) IN THE _____ COURT
) ss:
COUNTY OF _____) Case Number: _____

(Caption)

TEMPORARY APPEARANCE - DEFENDANT

Under Criminal Rule 2.1 this form must be filed by any attorney, different from any specifically identified in a previously filed appearance, who is temporarily representing a party in a proceeding before the court, through filing a pleading with the court or in any other capacity including discovery.

1. Contact Information of the Attorney filing this temporary appearance:

Name: _____ Attorney No. _____
Address: _____ Phone: _____
_____ FAX: _____
_____ Computer Address: _____

2. The undersigned Attorney now represents the Defendant(s) (insert names):
_____ on a temporary basis until _____.

3. Will the Defendant accept service by FAX: Yes ____ No ____

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

5. Contact information of Attorney who has filed the prior appearance in the case:

Name: _____ Attorney No. _____
Address: _____ Phone: _____
_____ FAX: _____
_____ Computer Address: _____

Signature

(Attach certificate of service as required by Trial Rule 5)