

STATE OF INDIANA IN THE COUNTY TYPE OF COURT COURT

COUNTY OF COUNTY CASE NO. CASE NUMBER

IN RE THE MATTER OF:

NAME OF PETITIONER

Petitioner,

v. YOUR NAME

Respondent.

APPEARANCE BY UNREPRESENTED PARTY

1. My name is YOUR NAME and I am filing this case on my own behalf. I am not represented by a lawyer.

2. Contact information for receiving legal service of document and case information as required by Court Rules.

Address: YOUR ADDRESS

Email address: YOUR EMAIL ADDRESS

CHECK THIS BOX ONLY IF YOU WANT THE COURT TO CONTACT YOU ONLY VIA EMAIL.

checkbox

I will accept service at the above email address.

Phone: YOUR PHONE NUMBER

Fax: YOUR FAX NUMBER (ONLY IF YOU HAVE ONE YOU USE)

3. This is a CASE TYPE, OR LEAVE BLANK case type as defined in Administrative Rule 8(B)(3).

4. Additional information as required by local rule:

DATE YOU SIGN THIS FORM

Date

YOUR SIGNATURE

Signature

YOUR PRINTED NAME

Printed Name

CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of this document on DATE YOU SENT THIS FORM TO by THE PETITIONER

HOW PETITIONER WILL GET THIS FORM

- checkbox e-service using the e-filing system
checkbox first-class U.S. mail, postage prepaid
checkbox hand delivery

to PETITIONER at the following address:

WHERE FORM WILL BE SENT

YOUR SIGNATURE

Signature