

STATE OF INDIANA IN THE _____ COURT
COUNTY OF _____ CAUSE NO. _____
IN RE THE _____ OF:

Minor Child (*Paternity Only*)

FOR THE SECTION ABOVE THE DOTTED LINE LOOK AT THE COURT PAPERS YOU HAVE IN THIS CASE AND COPY THE INFORMATION HERE

Petitioner,

v.

Respondent.

APPEARANCE BY UNREPRESENTED PARTY

1. My name is YOUR NAME and in this case I am not represented by a lawyer.
2. My contact information for receiving legal service of documents and case information as required by Court Rules is:

Address: YOUR ADDRESS

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

Email address: YOUR EMAIL ADDRESS

I will accept service at the above email address.

Phone: YOUR PHONE NUMBER

Fax: YOUR FAX NUMBER (IF YOU HAVE ONE)

OR, if in a related case, you have used the Attorney General confidential address, you may check the box below:

CHECK THIS BOX ONLY IF YOU USE THE ATTORNEY GENERAL'S CONFIDENTIAL ADDRESS

Attorney General confidential address

LOOK AT THE CAUSE NUMBER OF YOUR CASE (AT THE TOP OF YOUR COURT PAPERS) AND TYPE THE TWO LETTERS INCLUDED IN THE CAUSE NUMBER HERE.

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

4. There are other cases related to this case: (*If yes, please indicate below*)

IF THERE ARE RELATED CASES, CHECK 'YES.' IF NOT, CHECK 'NO.'

{ Yes
 No

Caption and case number of related cases:

IF THERE ARE RELATED CASES, ENTER THE INFORMATION HERE

Caption: _____ Case No.: _____

Caption: _____ Case No.: _____

Caption: _____ Case No.: _____

Additional information as required by local rule:

IF ADDITIONAL INFORMATION IS REQUIRED BY LOCAL RULE, ENTER IT HERE.

PRINT THIS DOCUMENT AND SIGN HERE

Signature

**THE CERTIFICATE OF SERVICE TELLS
THE COURT HOW THE OTHER PARTY
RECEIVED THIS DOCUMENT.**

CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of this document on DATE SENT by

first-class U.S. mail, postage prepaid to NAME OF OTHER PARTY at

the following address:

OTHER PARTY'S ADDRESS

IF YOU WILL
MAIL THIS
DOCUMENT TO
THE OTHER
PARTY, FILL
OUT THIS
SECTION.

IF YOU USE THE
E-FILING
SYSTEM, FILL
OUT THIS
SECTION

I hereby certify that I sent a copy of this document on DATE SENT by E-

service using the Indiana E-filing system to:

OTHER PARTY'S ADDRESS/EMAIL

PRINT THIS DOCUMENT AND SIGN HERE

Signature

STATE OF INDIANA IN THE _____ COURT
COUNTY OF _____ CAUSE NO. _____
IN RE THE _____ OF:

Minor Child (*Paternity Only*)

FOR THE SECTION ABOVE THE DOTTED LINE LOOK AT THE COURT PAPERS YOU HAVE IN THIS CASE AND COPY THE INFORMATION HERE

Petitioner,

v.

Respondent.

VERIFIED MOTION FOR CONTINUANCE

Comes now, YOUR NAME, and states the following:

1. This matter is scheduled for hearing on DATE HEARING IS SCHEDULED FOR.

2. I need additional time because:

REASON YOU NEED TO CHANGE THE DATE OF THE HEARING

_____.

3. I request a continuance for AMOUNT OF TIME YOU NEED. FOR EXAMPLE, "THIRTY DAYS" OR "TWO WEEKS". DO NOT WRITE A SPECIFIC DATE.

4. I contacted NAME OF THE OTHER PARTY on DATE YOU CONTACTED THE OTHER PARTY and they INSERT 'AGREED' OR 'DID NOT AGREE' to my continuance request.

WHEREFORE, I respectfully request a continuance of this hearing and for all other just and proper relief.

I affirm under penalties for perjury that the foregoing representations and statements are true.

Date: DATE

PRINT THIS DOCUMENT AND SIGN HERE

Signature

YOUR NAME

Printed Name

THE CERTIFICATE OF SERVICE TELLS
THE COURT HOW THE OTHER PARTY
RECEIVED THIS DOCUMENT.

CERTIFICATE OF SERVICE

IF YOU WILL
MAIL THIS
DOCUMENT TO
THE OTHER
PARTY, FILL
OUT THIS
SECTION.

I hereby certify that I sent a copy of this document on DATE SENT by
first-class U.S. mail, postage prepaid to NAME OF OTHER PARTY at
the following address:

OTHER PARTY'S ADDRESS

IF YOU USE THE
E-FILING
SYSTEM, FILL
OUT THIS
SECTION

I hereby certify that I sent a copy of this document on DATE SENT by E-
service using the Indiana E-filing system to:

OTHER PARTY'S ADDRESS/EMAIL

PRINT THIS DOCUMENT AND SIGN HERE
Signature

STATE OF INDIANA IN THE _____ COURT

COUNTY OF _____ CAUSE NO. _____

IN RE THE _____ OF:

Minor Child (*Paternity Only*)

Petitioner,

v.

Respondent.

FOR THE SECTION ABOVE THE DOTTED LINE LOOK AT THE COURT PAPERS YOU HAVE IN THIS CASE AND COPY THE INFORMATION HERE

ORDER ON VERIFIED MOTION FOR CONTINUANCE

This *Verified Motion For Continuance* is hereby **GRANTED**.

It is therefore ordered by this Court that this case is continued to

SCORDED
LEAVE BLANK

Distribution:

YOUR NAME

YOUR ADDRESS

Judicial Officer

OTHER PARTY'S NAME

OTHER PARTY'S ADDRESS

