APPEARANCE BY A SELF-REPRESENTED LITIGANT IN A CIVIL CASE

STATE OF INDIANA SS: DELAWARE COUNTY	IN THE DELAWARE CIRCUIT COURT NO
, Petitioner	CAUSE NO. 18C0
VS	
Respondent,	
1.My Name:	
2.My Address:	
3.My telephone number:	
4.My fax number:	
5.My e-mail address:	
6.I will accept service from other parties by:	
FAX at the above noted number: Yes	No
Email at the above noted address: Yes	No
7. This case involves child support issues: Yes (If yes, supply Social Security Numbers for all fami Attached document filed as confidential information	ly members on a separately

Form TCM-TR3.1-5.)

8. There are related cases: Yes_____No_____ (*If yes, list in the space following #8.*)

9. You MUST serve this Form and any other pleadings or documents you are filing or will file in this case on all other attorneys (or the other parties, if they are not represented by an attorney.) This form has been served on all other parties and Certificate of Service is attached:

Yes_____ No _____

Your Signature

Your Printed Name

CERTIFICATE OF SERVICE

I certify that on the	day of	, 20, I served copy of the
foregoing Appearance on		[here insert Name of Person
Served] at the following address:		, by
the following method of service:		
[please specify as U.S. Mail, perso	onal service, fax, email, et	ic.]

Your Signature

STATE OF INDIANA)) SS: COUNTY OF DELAWARE) IN THE DELAWARE CIRCUIT COURT NO._____

CAUSE NO. 18C0_____

Petitioner vs.

Respondent

VERIFIED REQUEST FOR A HEARING

On ______, this Court issued _____ an Ex Parte Order for Protection _____ an Ex Parte Modification of an Order for Protection [check one]. I, ______, received a copy of the Order on ______. Comes now ______, pursuant to Indiana Code 34-26-5-10(a)(2), and requests that the Court hold a hearing on the issues in this case. The address and daytime telephone number I wish the Court and opposing party to use in order to contact me about this case is as follows:

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

DATED: _____

Signature

Printed Name

STATE OF INDIANA)) SS: COUNTY OF DELAWARE) IN THE DELAWARE CIRCUIT COURT NO._____

CAUSE NO. 18C0_____

Petitioner vs.

Respondent

VERIFIED REQUEST FOR HEARING NOTICE TO APPEAR

TO:	<u> </u>	(Petitioner's Name & Address)
DATE OF HEARING:		
TIME OF HEARING:		
LOCATION OF HEARING:	Delaware County Justice Center	
	3100 South Tillotson Avenue	
	Muncie, IN 47302	

Please bring all documents and witnesses relating to this case with you to Court on your hearing date.

Approved and Ordered by:

, Jt	Jq	lge	ì
		-	

Delaware Circuit Court No.

*******IMPORTANT NOTICE*******

A COPY OF THIS NOTICE TO APPEAR IS BEING PROVIDED TO BOTH PARTIES. PETITIONER AND RESPONDENT ARE DIRECTED TO APPEAR FOR HEARING AS SCHEDULED HEREIN ABOVE. IF YOU DO NOT ATTEND THIS HEARING, THE JUDGE MAY HEAR THE CASE IN YOUR ABSENCE. STATE OF INDIANA)) SS:

COUNTY OF DELAWARE)

IN THE DELAWARE CIRCUIT COURT NO.____

CAUSE NO: 18C0 _____

Petitioner vs.

Respondent

VERIFIED REQUEST FOR HEARING NOTICE TO APPEAR

TO:		(Respondent's Name & Address)
DATE OF HEARING:		
TIME OF HEARING:		
LOCATION OF HEARING:	Delaware County Justice Center	
	3100 South Tillotson Avenue	
	Muncie, IN 47302	

Please bring all documents and witnesses relating to this case with you to Court on your hearing date.

Approved and Ordered by:

_____, Judge ______, Delaware Circuit Court No. _____

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