APPEARANCE BY A SELF-REPRESENTED LITIGANT IN A CIVIL CASE (Not For Use in a Protective Order (PO) Case)

| STATE OF INDIANA SS: | IN THE DELAWARE CIRCUIT COURT NO | | |
|---|----------------------------------|--|--|
| DELAWARE COUNTY | | | |
| | CAUSE NO. 18C0 | | |
| Petitioner/Plaintiff | | | |
| vs | | | |
| Respondent/Defendant | | | |
| 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 fa Attached document filed as confidential information Form TCM-TR3.1-5.) | | | |

| 8. There are related cases: Yes(If yes, list in the space following #8.) | | | _ |
|--|-----------------|----------------|-----------------------------------|
| 9.You MUST serve this Form and a file in this case on all other attorney attorney.) This form has been served | ys (or the othe | er parties, if | they are not represented by ar |
| Yes No | | | |
| | Your S | Signature | |
| | Your F | Printed Name | 2 |
| <u>CER</u> | TIFICATE O | OF SERVIC | <u>E</u> |
| I certify that on the foregoing Appearance on Served] at the following address: the following method of service: | | | _ [here insert Name of Person, by |
| [please specify as U.S. Mail, personal | service, fax, e | email, etc.] | |
| | Your S | Signature | |