APPEARANCE BY A SELF-REPRESENTED LITIGANT IN A CIVIL 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		
file in this case on all other attorney	ys (or the oth	eadings or documents you are filing or will ner parties, if they are not represented by an parties and Certificate of Service is attached:
Yes No		
	Your	Signature
	Your l	Printed Name
<u>CER'</u>	TIFICATE (OF SERVICE
foregoing Appearance on Served] at the following address:		, 20, I served copy of the [here insert Name of Person, by
[please specify as U.S. Mail, personal	service, fax,	email, etc.]
	Your	Signature

	State of	f Indiana,	Delaware	County,	SS:
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To the Sheriff of Delaware Cour	nty, Greetings:
By Order of the Delaware County Circu	uit Court No.
You are commanded to forthwith	n serve
with notice to appear before the Judge of	f said Court, at the Justice Center, 3100 S. Tillotson
Avenue, Muncie, Indiana, on the	, day of, 20, at
o'clockM., and show car	use why he/she has not complied with the Order of said
Court in the case of	VS
	, and show cause why he/she should not be adjudged
in contempt of said Court and punished	
T	
WITNESS my name and seal of	said Court, at the City of Muncie, Indiana, this
day of	
day or	, 20
Bailiff's Return of Service:	
	Clerk
	CIEIK

STATE OF INDIANA))SS: COUNTY OF DELAWARE)	IN THE DELAWARE CIRCUIT COURT NO
Plaintiff/Petitioner	CAUSE NO
vs.	
Defendant/Respondent	AFFIDAVIT FOR CITATION
Comes now the plaintiff in the	ne above-captioned case, under penalties for
perjury, states as follows:	
I SWEAR OR AFFIRM UNDER THE REPRESENTATIONS ARE TRUE A	PENALTY OF PERJURY THAT THE FOREGOING ND CORRECT.
DATED:	Signature of Plaintiff/Petitioner
	Address (Street)
	(City, State, Zip)
	Phone Number

*****ALL INFORMATION MUST BE COMPLETED ON THIS FORM *****

(Revised January 2020)

CERTIFICATE OF SERVICE

I certify tha	t on the	day of _			_, 20,	I have se	erved	the
following party wi	th a copy of this A	Affidavit for	Citatio	n by tl	ne followir	ng method	d of s	ervice
			[U.S.	Mail,	personal	service,	fax,	email
etc.] to:								
	Name of opposing	ng party:					_	
	Address:						_	
		Your	Signat					
Your name:								
Address:								
Telephone:								