

STATE OF INDIANA ) IN THE HENDRICKS SUPERIOR COURT \_\_\_\_  
 ) SS:  
COUNTY OF HENDRICKS ) CASE NO: 32D0\_-\_\_\_\_\_

\_\_\_\_\_) )  
Plaintiff(s) ) )  
VS ) )  
\_\_\_\_\_) )  
Defendant(s) ) )

**APPEARANCE BY ATTORNEY IN CIVIL CASE**

**Party Classification:** PLAINTIFF or DEFENDANT (circle one)

- 1. The undersigned individual(s) listed on this form now appears in this case pro se.
- 2. Applicable information for service as required by Trial Rule 5(B) (2) and for information as required by Trial Rules 3.1 and 77(B) is as follows:

Name: \_\_\_\_\_ e(s) \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Facsimile: \_\_\_\_\_

- 3. There are no other party members: Yes or No (circle one)
- 4. *If the initiating party filing this case*, the Clerk is requested to assign this case the following Case Type under Administrative Rule 8(b)(3):
- 5. I will accept service by FAX at the above-noted number: List number if Yes: \_\_\_\_\_ or NO I will not accept service by fax (circle one)
- 6. This case involves child support issues. Yes or No (circle one) *(If yes, supply social security numbers for all family members on separate page.)*
- 7. There are related cases: Yes or No (circle one) If yes, case numbers are: \_\_\_\_\_.
- 8. This form has been served on all other parties. Yes. Certificate of Service is attached.
- 9. Additional information required by local rule: \_\_\_\_\_

Signed: \_\_\_\_\_  
Printed: \_\_\_\_\_

**CERTIFICATE OF SERVICE**

I hereby certify that I have served a copy of the above and foregoing upon the attorney for the Plaintiff(s) by depositing same in the U.S. Mail, postage prepaid, on (date)\_\_\_\_\_.

\_\_\_\_\_  
Signature