

STATE OF INDIANA

IN THE BARTHOLOMEW _____ COURT

COUNTY OF BARTHOLOMEW

SS:
CAUSE NO.: 03 _____

Plaintiff/Petitioner

vs

Defendant/Respondent

PRO SE APPEARANCE

This Appearance Form must be filed on behalf of every party in a civil case.

1. My Name is _____ and I am

Initiating (filing) _____

If you are the Petitioner/Plaintiff check

Responding (answering or defending) _____

Initiating; If you are Defendant/Respondent

Intervening _____

check Responding.

in this case and am representing myself.

2. Contact information for receiving legal service of documents and case information is required by Court Rules: (NOTE: *If you are the Initiating party and this case, or a related case, involves a protection from abuse order, a workplace violence restraining order, or a no-contact order, you must provide an address for the purpose of legal service of documents but that address should not be one that exposes the whereabouts of a petitioner*)

THIS INFORMATION IS REQUIRED:

Address: _____

Email Address: _____

Phone: _____

OR, if in the related case, you have used the Attorney General Confidential address, you may check

_____ Attorney General confidential address (contact the Attorney General 1-800-321-1907 or email address is confidential@atg.state.in.us)

3. This is a _____ case type as defined in administrative Rule 8(B)(3).
(Clerk will supply this information).

4. This case involves child support issues. Yes ____ No ____ (If yes, supply social security numbers for all family members on a separately attached document filed as confidential information on **light green paper**. Use Form TCM-TR3.1-4.)

5. This case involves a protection from abuse order, a workplace violence restraining order, or a no –

contact order. Yes ____ No ____ (If Yes, the initiating party must provide an address for the purpose of legal service but that address should not be one that exposes the whereabouts of a petitioner.) The party shall use the following address for purposes of legal service:

- _____ Attorney's address
- _____ The Attorney General Confidentiality program address
(contact the Attorney General at 1-800-321-1907 or e-mail address is **confidential@atg.in.gov**).
- _____ Another address (provide)

6. This case involves a petition for involuntary commitment. Yes ____ No ____
7. If Yes above, provide the following regarding the individual subject to the petition for involuntary commitment:
- a. Name of the individual subject to the petition for involuntary commitment if it is not already provided in #1 above: _____
 - b. State of Residence of person subject to petition: _____
 - c. At least one of the following pieces of identifying information:
 - (i) Date of Birth _____
 - (ii) Driver's License Number _____
State where issued _____ Expiration date _____
 - (iii) State ID number _____
State where issued _____ Expiration date _____
 - (iv) FBI number _____
 - (v) Indiana Department of Corrections Number _____
 - (vi) Social Security Number is available and is being provided in an attached confidential document Yes ____ No ____
 - d. Doctor's statement
8. There are related cases: Yes ____ No ____ (If yes, list on next page.)
9. There are other party members: Yes ____ No ____ (If yes, list on next page.)
10. This form has been served on all other parties and Certificate of Service is attached:
Yes ____ No ____

Signature – Self-Represented Party