

**Adams County Clerk's Office**  
112 S 2<sup>nd</sup> Street, Room A  
Decatur IN 46733  
Phone (260) 724-5309  
Email: clerksoffice@co.adams.in.us

**New Employer Form**

Court Case Number(s) \_\_\_\_\_

ISETS Case Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Social Security # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm dd yyyy

Cell (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email address \_\_\_\_\_

*Email address is required for case filings and notifications*

**NEW EMPLOYER** \_\_\_\_\_

Address \_\_\_\_\_

Work (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I affirm, under the penalty for perjury, that the above information is true and correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_