

STATE OF INDIANA) IN THE _____ COURT
) SS:
COUNTY OF _____) Case Number: _____
(To be supplied by Clerk when case is filed.)

(Caption)

APPEARANCE BY ATTORNEY IN CIVIL CASE

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

1. The party on whose behalf this form is being filed is:
Initiating _____ Responding _____ Intervening _____ ; and

the undersigned attorney and all attorneys listed on this form now appear in this case for the following parties:

Name of party _____

Address of party (see Question # 6 below if this case involves a protection from abuse order, a workplace violence restraining order, or a no-contact order)

Telephone # of party _____

(List on a continuation page additional parties this attorney represents in this case.)

2. Attorney information for service as required by Trial Rule 5(B)(2)

Name: _____ Atty Number: _____

Address: _____

Phone: _____

FAX: _____

Email Address: _____

(List on continuation page additional attorneys appearing for above party)

3. This is a _____ case type as defined in administrative Rule 8(B)(3).

4. I will accept service by FAX at the above noted number: Yes _____ No _____

Attorney-at-Law

(Attorney information shown above.)