

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 _____

Email at the above noted number: Yes ___ No ___

5. 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.)

6. 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.state.in.us**).
_____ Another address (provide)

7. This case involves a petition for involuntary commitment. Yes ___ No ___

8. 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 ___

9. There are related cases: Yes ___ No ___ (If yes, list on continuation page.)

10. Additional information required by local rule:

11. There are other party members: Yes ____ No ____ *(If yes, list on continuation page.)*

12. This form has been served on all other parties and Certificate of Service is attached:
Yes ____ No ____

Attorney-at-Law
(Attorney information shown above.)