STATE OF INDIANA

COUNTY OF MARSHALL

IN THE MARSHALL CIRCUIT COURT

CALENDAR TERM 2017

_____
Petitioner

v.

_____
Respondent

CAUSE NO:

50C01- _____

APPEARANCE BY SELF-REPRESENTED PERSON IN CIVIL CASE

1. My name is _____ and I am representing myself in this case.
2. My address and contact information that I agree to receive service of documents and case information is:
   Address: _____
   City, State, Zip: _____
   Phone number: _____
   Email address: _____

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

☐ Attorney General Confidential address (contact the Attorney General at 1-800-321-1907

Or email address is **confidential@stg.state.in.us**).

3. There are related cases: ☐ Yes ☐ No (*If yes, please indicate below.*)
   Caption and Case Number of Related Cases:

   Caption: _____ Case No: _____
   Caption: _____ Case No: _____
   Caption: _____ Case No: _____

_____
Signature

CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of this Appearance by **certified mail and first class mail** to: _____, the opposing attorney, or the opposing party if not represented by an attorney at the following address: _____ _____ on the _____ day of _____, 20___.

_____
Signature