STATE OF INDIANA) IN THE WARREN TOWNSHIP SMALL CLAIMS COURT

) SS:

COUNTY OF MARION) CASE NO. 49K06_____SC_____

_____

Plaintiff,

V.

_____

Defendant.

APPEARANCE BY SELF-REPRESENTED PERSON IN CIVIL CASE

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

1. My Name is: _____ and I am
   Initiating (filing) _____;
   Responding (answering or defending) _____; or
   Intervening ____;
   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)

   Address: _____

   _____

   Email Address: _____

   Phone: _____

   FAX: _____

   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 e-mail address at confidential @atg.state.in.us).

3. I will accept service by:
   a. FAX at the following number _____
   b. E-Mail at the following address_____
   c. Address_____

_____

Self-Represented Party