

APPEARANCE FORM (CIVIL)

Case Number: _____

(Previously supplied by Clerk at the time of filing)

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 _____

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: _____

I will accept service by FAX at the above noted number: Yes ____ No ____

3. There are related cases: Yes ____ No ____ *(If yes, list on continuation page.)*

4. Additional information required by local rule:

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

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