

STATE OF INDIANA )  
 )  
COUNTY OF ELKHART )

IN THE ELKHART SUPERIOR COURT 6

CASE NO: \_\_\_\_\_

IN RE THE GUARDIANSHIP OF:

\_\_\_\_\_  
Name of Incapacitated Person

**APPEARANCE BY UNREPRESENTED 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)  
 Intervening

in this case and I am not represented by an attorney.

2. My contact information for receiving legal service of documents and case information as required by Court Rules is:

Address:

Email address: \_\_\_\_\_

*I will accept service at the above email address.*

Phone: \_\_\_\_\_

3. This is a GU case type as defined in Indiana Administrative Rule 8(B)(3).

4. There are related cases involving the child or adult:

- Yes  
 No

If yes, please indicate the following for related cases:

Case No.: \_\_\_\_\_ Parties: \_\_\_\_\_

Case No.: \_\_\_\_\_ Parties: \_\_\_\_\_

Case No.: \_\_\_\_\_ Parties: \_\_\_\_\_

*(Additional if needed:)*

\_\_\_\_\_  
/s/  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Email Address

#### CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of this Petition by first class mail to the other person's attorney, or to the other person if they are not represented by an attorney, via:

- Registered mail at this address: \_\_\_\_\_
- Certified mail at this address: \_\_\_\_\_
- Sheriff
- E-Service per Trial Rule 86 at this email address: \_\_\_\_\_
- Other: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date