STATE OF INDIANA

IN THE ELKHART SUPERIOR COURT 6

COUNTY OF ELKHART

CASE NO:

IN RE THE NAME AND GENDER CHANGE OF MINOR:

)

)

Name of Minor Child

Name of Person Filing Select One:
Mother
Father Other

APPEARANCE BY UNREPRESENTED PERSON IN A CIVIL CASE

- 1. My name is ______ and I am the person who filed this case, the initiating party.
- 2. In this case I am not represented by a lawyer.
- 3. Contact information for receiving legal service of document and case information as required by Court Rules. (If 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 your location.)

Address:

Email address:

 \Box I will accept service at the above email address.

Phone:

- 4. This is an MI case type as defined in Administrative Rule 8(B)(3).
- 5. There are related cases: (If yes, please indicate below)

 \Box Yes \Box No

Caption and case number of related cases:

Caption:	Case No.:
Caption:	Case No.:
Caption:	_ Case No.:

(Additional caption/cases if needed:)

/s/ Signature	Date	
Printed Name		
Email Address		
CERTIFICATE OF SERVICE		
I hereby certify that I sent a copy of this document on		