

STATE OF INDIANA )  
 )  
COUNTY OF ELKHART )

IN THE ELKHART SUPERIOR COURT 6

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

**IN RE THE NAME CHANGE OF MINOR:**

\_\_\_\_\_  
Name of Minor

\_\_\_\_\_  
Name of Person Filing

Select One:  Mother  Father  Other \_\_\_\_\_

**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 **MI** case type as defined in Indiana Administrative Rule 8(B)(3).

4. This case involves child support issues and the names and social security numbers of all family members are on a separately attached document marked "Not For Public Access In Accordance With Administrative Rule 9."

5. There are related cases:

- Yes
- No

If yes, please indicate the following for related cases:

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

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

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

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

\_\_\_\_\_ Date

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

\_\_\_\_\_  
Email

### 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