

STATE OF INDIANA)
)
COUNTY OF ELKHART)

IN THE ELKHART SUPERIOR COURT

CASE NO: _____

IN RE THE TEMPORARY 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 Appearance to _____, via:

- Registered mail at this address: _____
- Certified mail at this address: _____
- Sheriff for \$28.00
- E-Service per Trial Rule 86 at this email address: _____
- Hand delivery at this address: _____
- Other: _____

/s/ _____
Signature

Date

I hereby certify that I sent a copy of this Appearance to _____, via:

- Registered mail at this address: _____
- Certified mail at this address: _____
- Sheriff for \$28.00
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/s/ _____
Signature

Date