

STATE OF INDIANA )  
 )  
COUNTY OF ELKHART )

IN THE ELKHART SUPERIOR COURT  
CASE NO: \_\_\_\_\_

**IN RE THE ANNULMENT OF:**

\_\_\_\_\_  
Name of Filing Spouse  
Select One:  Husband  Wife

And

\_\_\_\_\_  
Name of Responding Spouse  
Select One:  Husband  Wife

**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)  
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 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.*”
  
4. This is a **DC** case type as defined in Indiana Administrative Rule 8(B)(3).
  
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: \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

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

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

### CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of this Appearance 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 for \$28.00

E-Service per Trial Rule 86 at this email address: \_\_\_\_\_

Hand delivery at this address: \_\_\_\_\_

Other: \_\_\_\_\_

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

\_\_\_\_\_  
Date