NOT FOR PUBLIC ACCESS
IN ACCORDANCE WITH INDIANA RULES ON ACCESS TO COURT RECORDS

ATTENTION CLERK: FOR SELF-REPRESENTED LITIGANTS TREAT THIS FORM AS IF IT IS PRINTED ON LIGHT GREEN PAPER. IF E-FILED, FILE AS A CONFIDENTIAL DOCUMENT.

STATE OF INDIANA) **IN THE ELKHART SUPERIOR COURT**
)
COUNTY OF ELKHART) **CASE NO: _____**

IN RE THE PATERNITY OF: _____
Child's Name

_____
Name of Person Filing
Select One: ☐ Mother ☐ Father ☐ Putative Father
☐ Other: _____
And

_____
Name of Person Responding
Select One: ☐ Mother ☐ Father ☐ Putative Father
☐ Other: _____

CIVIL APPEARANCE FORM

Social Security numbers of ALL family members in cases involving child support:

Name: _____ SS#: _____

Name: _____ SS#: _____

Name: _____ SS#: _____

Name: _____ SS#: _____

Name: _____ SS#: _____

Name: _____ SS#: _____

Additional Children and SS#:

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