

STATE OF INDIANA )  
 )  
COUNTY OF ELKHART )

IN THE ELKHART SUPERIOR COURT 6

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

IN RE: THE PATERNITY OF: \_\_\_\_\_  
Child's Name

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

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

And

\_\_\_\_\_  
Name of the Other Person

Select One:  Mother  Father  Putative 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)

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 this email address.*

Phone: \_\_\_\_\_

3. This is a **JP** case type as defined in Indiana Administrative Rule 8(B)(3).

4. There are related cases involving the child(ren):

Yes  No

*If yes, please indicate the following for related cases:*

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

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

### CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of this Motion 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: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date