| STATE OF INDIANA | CASE NUMBER 20 | |
|---|---|---|
| ELKHART COUNTY | | (14 digit number) |
| Petitioner/Respondent) [Please | , I am the (Circle One : Mother/ Fa | ther/ Plaintiff/ Defendant/ |
| My address: | The Other Party; name and addre | ess — |
| e-mail address-required: | e-mail address-required: | _ |
| ELECTRO | NIC MAIL (e-mail) ADDRESS REQU | JIRED |
| represented by an attorned filing pleadings or papers Summary and on the pleadings. | hall be the duty of the attorney, when entering their appearants therein, to have noted on the dings or papers so filed, their more at either address shall be described. | nce in a case or when ne Chronological Case ailing address, <u>and an</u> |
| Date: | Signature | |
| | Print name | |
| | Certificate of Service Ding has been furnished to the other paraid or by delivery of same to the other | |
| | Signature | |