

**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 6**
) **CASE NO: _____**
COUNTY OF ELKHART)

IN RE THE MARRIAGE OF:

Name of Person Filing
Select One: Husband Wife

And

Name of Person Responding
Select One: Husband Wife

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 names and SS# if needed:)

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