

**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                    )  
  )  
COUNTY OF ELKHART               )

**IN THE ELKHART SUPERIOR COURT 6**  
**CASE NO:** \_\_\_\_\_

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

\_\_\_\_\_  
Name of Person Filing  
Select One:  Mother    Father    Alleged Father  
               Other: \_\_\_\_\_

And

\_\_\_\_\_  
Name of Person Responding  
Select One:  Mother    Father    Alleged 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 Names and SS# if needed:)*