STAT	STATE OF INDIANA)		IN THE ELKHART SUPERIOR COURT 6	
COUN	NTY OF ELKHART	j	CASE NO:	
IN RE	THE GUARDIANSHIP	OF:		
Name o	of Minor Child	 		
	APPEARAN	NCE BY UNREPRE	SENTED PERSON IN CIVIL CASE	
	This Appeara	nce Form must be file	ed on behalf of every party in a civil case.	
1.	My name is		and I am:	
	\Box Initiating (filing)			
	☐ Responding (answering)			
	☐ Intervening			
	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:			
		vice at the above email		
	DI			
3.	This is a GU case type as of	defined in Indiana Adm	inistrative Rule 8(B)(3).	
4.	There are related cases inv	olving the child(ren):		
	□ Yes			
	□ No			
	If yes, please indicate the f	following for related ca	ses:	
	Case No.:	F	Parties:	

Case No.:	Parties:
Case No.:	Parties:
(Additional if needed:)	
/s/	
Signature	Date
	<u></u>
Printed Name	
Email Address	
CEN	
CER	RTIFICATE OF SERVICE
represented by an attorney, via:	he other person's attorney, or to the other person if they are not
Registered mail at this address:	
☐ Sheriff	
□ Omer:	
/s/	
Signature	Date