COUN	TY OF ELKHART)	CASE NO:
IN RE	THE CUSTODY OF:		
		Child's Name	
		_	
	f Person Filing aship to Child:		
And			
ina			
Name o	f Person Responding	_	
□ Motl	her Father Other		
Name o	f Person Responding	_	
□ Motl	her Father Other		
	APPEARANCE E	BY UNREPRESENT	TED PERSON IN CIVIL CASE
	This Annogrance F	form must be filed on i	behalf of every party in a civil case.
	This Appearance 1	orm musi be jucu on i	chaif of every party in a civa case.
1.	My name is		and I am:
	☐ Initiating (filing)		
	☐ Responding (answering)		
	in this case and I am not represen	ted by an attorney.	
2.	My contact information for receive	ving legal service of do	ocuments and case information as required by Court
	Rules is:		, ,
	Address:		
	Address.		
	Email address:		
	\Box I will accept service at		

)

IN THE ELKHART SUPERIOR COURT 6

STATE OF INDIANA

Phone:				
3. This is a MI cas	. This is a MI case type as defined in Indiana Administrative Rule 8(B)(3).			
4. There are related	.ses:			
□ Yes	No			
If yes, please inc	te the following for related cases:			
Case No.:	Parties:			
Case No.:	Parties:			
Case No.:	Parties:			
(Additional if ne	rd:)			
/s/				
Signature	Date			
Printed Name				
Email Address				
	CERTIFICATE OF SERVICE			
they are not represented				
☐ Registered mail at thi	ddress:			
	ress:			
☐ Sheriff				
☐ Other:				
/s/				
Signature	Date			

CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of this filing to represented by an attorney, via:	o the other person's attorney, or to the other person if they are not
☐ Registered mail at this address:	
☐ Certified mail at this address:	
☐ Sheriff	
☐ Other:	
/s/	
Signature	Date