STATE OF INDIANA )		)	IN THE ELKHART SUPERIOR COURT 6	
COUN	TY OF ELKHART	)	CASE NO:	
IN RE	THE   PATERNITY / [	□ CUSTODY OF	:Child's Name	
			Child's Name	
Name o	of Person Filing			
Select (	One:   Mother  Father	Other:	<u> </u>	
And				
	of Person Responding  One: □ Mother □ Father □	Other:		
	APPEARAN	CE BY UNREPR	ESENTED PERSON IN CIVIL CASE	
	This Appeara	nce Form must be fi	iled on behalf of every party in a civil case.	
1.	My name is		and I am:	
	☐ Initiating (filing)			
	☐ Responding (answer	ering)		
	in this case and I am not rep	presented by an attorn	ney.	
2.	My contact information for receiving legal service of documents and case information as required by Court			
	Rules is:			
	Address:			
	Email address:			
	$\Box$ I will accept service at the above email address.			
	Phone:			
3.	This is a ☐ <b>JP</b> (Paternity) /		ous Civil – 3 <sup>rd</sup> Party Custody) case type as defined in Indiana	

4. There are related cases:				
□ Yes □ No				
If yes, please indicate the following for relate	If yes, please indicate the following for related cases:			
Case No.:	Parties:			
Case No.:	Parties:			
Case No.:	Parties:			
(Additional cases if needed:)				
/s/Signature	Date			
Printed Name				
Email Address				
CERTII	FICATE OF SERVICE			
I hereby certify that I sent a copy of this filing to the represented by an attorney, via:  ☐ Registered mail at this address: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	other person's attorney, or to the other person if they are not			
☐ Certified mail at this address:				
☐ Sheriff				
☐ Other:				
/s/				
Signature	Date			