

STATE OF INDIANA )  
 )  
COUNTY OF ELKHART )

IN THE ELKHART SUPERIOR COURT 6

CASE NO: \_\_\_\_\_

**IN RE THE NAME AND GENDER CHANGE OF MINOR:**

\_\_\_\_\_  
Name of Minor Child

\_\_\_\_\_  
Name of Person Filing

Select One:  Mother  Father  Other \_\_\_\_\_

**APPEARANCE BY UNREPRESENTED PERSON IN A CIVIL CASE**

1. My name is \_\_\_\_\_ and I am the person who filed this case, the initiating party.
2. In this case I am not represented by a lawyer.
3. Contact information for receiving legal service of document and case information as required by Court Rules.  
(If this case, or a related case, involves a protection from abuse order, a workplace violence restraining order, or a no-contact order, you must provide an address for the purpose of legal service of documents. But, that address should not be one that exposes your location.)

Address:

Email address: \_\_\_\_\_

I will accept service at the above email address.

Phone: \_\_\_\_\_

4. This is an MI case type as defined in Administrative Rule 8(B)(3).
5. There are related cases: (If yes, please indicate below)  
 Yes  No

Caption and case number of related cases:

Caption: \_\_\_\_\_ Case No.: \_\_\_\_\_

Caption: \_\_\_\_\_ Case No.: \_\_\_\_\_

Caption: \_\_\_\_\_ Case No.: \_\_\_\_\_

*(Additional caption/cases if needed:)*

/s/ \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Email Address

CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of this document on \_\_\_\_\_ by:

- eservice using the e-filing system
- first class U.S. mail, postage prepaid
- sheriff
- hand delivery to \_\_\_\_\_ at the following address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

/s/ \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date