

STATE OF INDIANA)
) SS:
COUNTY OF ALLEN)

IN THE ALLEN SUPERIOR COURT
SMALL CLAIMS DIVISION
1 WEST SUPERIOR ST.
FORT WAYNE, IN 46802
(260) 449-7936

Plaintiff

CASE NUMBER:

V.

Defendant

APPEARANCE BY SELF-REPRESENTED PERSON IN CIVIL CASE
This Appearance Form must be filed on behalf of every party in a civil case.

1. My name is: _____ and I am

Initiating (filing) _____;
Responding (answering or defending) _____; or
Intervening _____;

in this case and am representing myself.

2. Contact information for receiving legal service of documents and case information is required by Court Rules: *(NOTE: If you are the Initiating party and 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 the whereabouts of a petitioner)*

Address: _____
Email Address: _____
Phone: _____ FAX: _____

OR, if in the related cases, you have used the Attorney General Confidential address, you may check the box below:

_____ Attorney General confidential address (contact the Attorney General at 1-800-321-1907 or e-mail address is confidential@atg.state.in.us).

3. This is a _____ case type as defined in administrative Rule 8(B)(3).

4. I will accept service by FAX at the following number _____.

5. Additional information required by local rule:

Self-represented party