

3. I will accept service from other parties by:

FAX at the above noted number: Yes No

Email at the above noted number: Yes No

4. This case involves child support issues. Yes No *(If yes, supply social security numbers for all family members on a separately attached document filed as confidential information on **light green paper**. Use Form TCM-TR3.1-4.)*

5. The caption and case number of all related cases:

6. Additional information specified by state or local rule required to maintain the information management system employed by the court:

7. This case involves a protection from abuse order, a workplace violence restraining order, or a no – contact order. Yes No *(If Yes, the initiating party must provide an address for the purpose of legal service but that address should not be one that exposes the whereabouts of a petitioner.)* The party shall use the following address for purposes of legal service:

Self Represented Party’s address

The Attorney General Confidentiality program address

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

Another address (provide)

8. This case involves a petition for involuntary commitment. Yes No

If Yes above, provide the following regarding the individual subject to the petition for involuntary commitment:

a. Name of the individual subject to the petition for involuntary commitment if it is not already provided in #1 above:

- b. State of Residence of person subject to petition:
- c. At least one of the following pieces of identifying information:

- (i) Date of Birth

- (ii) Driver's License Number

- State where issued

- Expiration date

- (iii) State ID number

- State where issued

- Expiration date

- (iv) FBI number

- (v) Indiana Department of Corrections Number

- (vi) Social Security Number is available and is being provided in an attached confidential document Yes No

9. The case involves a petition for guardianship and a confidential, completed Guardianship Information Sheet is attached.

10. CERTIFICATE OF SERVICE. This form has been served on all other parties on

: Party

Means of Service

Date:

Self-Represented Party