

STATE OF INDIANA)
)
COUNTY OF MARION)

Center Township of Marion County
Small Claims Court
300 E. Fall Creek Pkwy N. Dr. #130
Indianapolis, Indiana 46205
(317) 920-4530

CAUSE NO.: 49K01-_____-EV-_____

Plaintiff)
)
vs)
)

Defendant)

APPEARANCE BY SELF-REPRESENTED PERSON IN 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: _____
Phone: _____
Fax: _____

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

_____ Attorney General Confidential Address (contact the Attorney General at 1-800-321-1907 or email address at confidential@atg.state.in.us).

3. I will accept service by:
 - a. FAX at the following number: _____
 - b. Email at the following address: _____
 - c. Address of: _____

Self-Represented Party