

**Form Number 1**

1 STATE OF INDIANA ) IN THE \_\_\_\_\_ SUPERIOR/CIRCUIT COURT  
2 ) SS:  
3 COUNTY OF \_\_\_\_\_ ) CASE NO. \_\_\_\_\_  
4

5 IN RE THE MARRIAGE OF:  
6

7 \_\_\_\_\_  
8 Petitioner,  
9

10 V.  
11

12 \_\_\_\_\_  
13 Respondent.  
14

15 **APPEARANCE**  
16

17 1. Petitioner Party: \_\_\_\_\_

18 2. Attorney Information: Self-Represented

19 3. Case Type : DR

20 4. Will **NOT** accept FAX service.

21 5. Names and Social Security numbers of all family members: \_\_\_\_\_  
22 \_\_\_\_\_.

23 \_\_\_\_\_ child/ren are involved in this matter.

24 6. Are there related cases? Yes \_\_\_ No \_\_\_ ; Case Number(s): \_\_\_\_\_  
25 \_\_\_\_\_

26 \_\_\_\_\_  
27 Signature

28 \_\_\_\_\_  
29 Print your name

30 \_\_\_\_\_  
31 Mailing Address

32 \_\_\_\_\_  
33 Town, State and Zip Code

34 \_\_\_\_\_  
35 Telephone number, with area code