

**IN THE MARION SUPERIOR COURT  
DOMESTIC RELATIONS  
APPEARANCE FORM  
Initiating / Responding Party**

Caption) \_\_\_\_\_ )

Cause No. \_\_\_\_\_  
(To be supplied by Clerk when case is filed.)

Check if *Pro Se*     *NOTE: This form is not required for pro se protective orders.*

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ SSN# \_\_\_\_\_

1. \_\_\_\_\_ Name of party (must include date of birth and social security number in **DR, PO, GU** cases)

Telephone \_\_\_\_\_

2. Attorney information (as applicable for service of process): (**Pro Se litigants must complete this section**)

Name \_\_\_\_\_ Atty. Number: \_\_\_\_\_

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

\_\_\_\_\_ FAX: \_\_\_\_\_

\_\_\_\_\_ Computer Address: \_\_\_\_\_

3. Case Type requested \_\_\_\_\_ 4. Will accept Fax services: Yes \_\_\_\_\_ No \_\_\_\_\_

5. For all occupants of the residence as well as any child/ren of either the petitioner or the respondent, supply the names, dates of birth and social security numbers.

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ SSN# \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ SSN# \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ SSN# \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ SSN# \_\_\_\_\_

6. Are there now or have there been within the last twelve months pending related cases?

Yes            No            If yes, list case and cause number below

(The Court has determined that the following types of matters constitute cases that are related when a named party, family or household member(s) have matters pending of the following types: **CM, or DF filings involving domestic violence, family violence and/or substance abuse charges and all cases of the following types: JM, JS, JP, JT, JD, JC, DR, GU, MH, AD and PO**)

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If the caption has a name other than that of the petitioner, please describe the relationship.

Caption \_\_\_\_\_ Cause No. \_\_\_\_\_

Relationship \_\_\_\_\_

Caption \_\_\_\_\_ Cause No. \_\_\_\_\_

Relationship \_\_\_\_\_

Caption \_\_\_\_\_ Cause No. \_\_\_\_\_

Relationship \_\_\_\_\_

Caption \_\_\_\_\_ Cause No. \_\_\_\_\_

Relationship \_\_\_\_\_

7. Additional information required by state or local rule

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

8. I have reviewed and discussed the **Commitment to Respect and Civility** with my client and agree to aspire to its goals.

\_\_\_\_\_  
(Signature) Attorney at Law  
Attorney Information

**Authority: Pursuant to Trial Rule 3.1, this form shall be filed upon the first appearance in the case. In emergencies, the requested information shall be supplied when it becomes available. Parties shall advise the court of change in information previously provided to the court. the Division of State Court Administration has approved this format. Use additional continuation pages if needed.**

**PURSUANT TO TRIAL RULE 3.1(E), THIS APPEARANCE FORM SHALL BE UPDATED PROMPTLY SHOULD THERE BE ANY CHANGE IN OR SUPPLEMENT TO THE INFORMATION PREVIOUSLY SUPPLIED TO THE COURT**

Revised May 8, 2002