

STATE OF INDIANA ) IN THE WAYNE SUPERIOR COURT NO. 3  
 ) SS:  
COUNTY OF WAYNE ) CAUSE NO. 89D03-\_\_\_\_\_

\_\_\_\_\_  
Plaintiff(s)  
v.

\_\_\_\_\_  
Defendant(s)

**APPEARANCE BY ATTORNEY IN A CIVIL CASE**

1. The undersigned attorney now appears in this case for the following party:  
Name of party: \_\_\_\_\_  
Address of party: \_\_\_\_\_  
\_\_\_\_\_  
Telephone No. of party: \_\_\_\_\_

2. Attorney information for service as required by Trial Rule 5(B)(2):  
Name: \_\_\_\_\_ Atty. Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone No.: \_\_\_\_\_ FAX: \_\_\_\_\_  
Email Address: \_\_\_\_\_

- 3. The undersigned attorney **will/will not** accept service by FAX.
- 4. The undersigned attorney **will/will not** accept service by Email.

\_\_\_\_\_  
Signature of Attorney

*Any subsequent Motion/Request to Withdraw Appearance must comply with the applicable Indiana Rules of Trial Procedure and Wayne County Local Rule LR89-TR3.1-001.*

**CERTIFICATE OF SERVICE**

I hereby certify that I have delivered a copy of this Appearance to the parties listed below by:  
(1) \_\_\_ hand-delivery or (2) \_\_\_ by depositing the document in the U.S. Postal Service, first-class postage prepaid, on or before the date of filing.

Party name: \_\_\_\_\_  
Party name: \_\_\_\_\_

\_\_\_\_\_  
Signature