

## Please answer the questions below.

When you answer the questions, they will automatically fill in that information where it belongs on the following forms that you will be filing with the court. Do not leave any questions blank. Any changes you make must be made to these questions; you will not be able to modify your answers in the forms themselves. Please have all of your information handy when you are answering these questions.

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Look at the court papers for your case while answering the first four questions:

1. What is the name of the County? \_\_\_\_\_
2. What is the Case Number? \_\_\_\_\_  
(The Case Number is very important; please make sure to copy it **exactly** as it appears on the court papers)
3. What is the full name of the Petitioner? (This will either be your name or the other party's name)  
\_\_\_\_\_
4. What is the full name of the Respondent? (This will either be your name or the other party's name)  
\_\_\_\_\_
5. Are you the Petitioner or Respondent?      Petitioner      Respondent
6. What is your full name?  
\_\_\_\_\_
7. What is your street address?  
\_\_\_\_\_
8. What is your town, state, and ZIP Code?  
\_\_\_\_\_
9. What is your telephone number, with area code? \_\_\_\_\_
10. What is your email address? \_\_\_\_\_
11. If you have a fax machine number and want to receive service by fax machine, what is your fax machine number, with area code? \_\_\_\_\_
12. If you have used the Attorney General Confidential address in any related cases, select "X": \_\_\_\_\_
13. What is the full name of the other party OR if the other party is represented by an attorney, what is the full name of the attorney?  
\_\_\_\_\_
14. What is the street address of the other party OR attorney?  
\_\_\_\_\_

15. What is the town, state and ZIP Code of the other party OR attorney?

\_\_\_\_\_

16. Are there are other Court cases involving yourself and the other party? \_\_\_\_\_ Yes \_\_\_\_\_ No

17. If you selected “Yes,” for each case you and the other party are involved, what is the name of the Court and Case Number. If you selected “No,” skip to the next question.

Caption: _____	Case Number: _____
Caption: _____	Case Number: _____
Caption: _____	Case Number: _____
Caption: _____	Case Number: _____
Caption: _____	Case Number: _____
Caption: _____	Case Number: _____

18. What is the date of the hearing that you want to continue? \_\_\_\_\_

19. *Briefly explain* why you are asking for a continuance. Courts take continuance requests seriously. Make sure a continuance request was your last option.

20. What is the length of time you are requesting? Please remember that you may not get all the time you are requesting.

\_\_\_\_\_

21. What was the date you contacted the other party or attorney regarding your request for continuance of this hearing?

\_\_\_\_\_

22. If the other party or attorney agreed to your continuance of this hearing, select “agree”; if the other party or attorney did not agree to your continuance, select “object.” \_\_\_\_\_

You have finished answering the questions. The following pages are the forms that you will be printing and then filing with the court. Please look over them to make sure the information is correct before you print them out. If you have changes, you must make them to the questions above. Once you have printed this packet, make sure you sign it on the Signature lines. Your signature must be on these forms before you make copies and file it with the court.

PLEASE NOTE: There is a blank line in the paragraph named Certificate of Service. Before you make your copies, you MUST write the date you will be filing the forms on this blank line.

STATE OF INDIANA ) IN THE SUPERIOR/CIRCUIT COURT  
 ) SS:  
COUNTY OF ) CASE NO.

IN RE THE MATTER OF:

Petitioner,

V.

Respondent.

**APPEARANCE BY SELF-REPRESENTED PERSON IN CIVIL CASE**

**This Appearance Form must be filed on behalf of every party in a 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 Address: \_\_\_\_\_

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

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

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

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

3. This is a \_\_\_\_\_ case type as defined in administrative Rule 8(B)(3).  
*(Clerk will supply this information.)*

4. I will accept service by FAX at the following number \_\_\_\_\_

5. This case is a domestic relations matter, involves reciprocal enforcement of support, paternity, delinquency, Child in Need of Services (CHINS), guardianship, or any other proceedings in which support may be an issue, and social security numbers of all family members are supplied on a separately attached document (Form TCM-TR3.1-4) filed as confidential information on light green paper.

\_\_\_\_\_ Yes       X   No

6. There are related cases: Yes \_\_\_\_\_ No \_\_\_\_\_ *(If yes, please indicate below.)*

Caption and case number of related cases:

Caption: \_\_\_\_\_ Case Number: \_\_\_\_\_

Caption: \_\_\_\_\_ Case Number: \_\_\_\_\_

Caption: \_\_\_\_\_ Case Number: \_\_\_\_\_

Caption: \_\_\_\_\_ Case Number: \_\_\_\_\_

Caption: \_\_\_\_\_ Case Number: \_\_\_\_\_

Caption: \_\_\_\_\_ Case Number: \_\_\_\_\_

7. Additional information required by local rule:

\_\_\_\_\_

\_\_\_\_\_  
Self-Represented Party

STATE OF INDIANA ) IN THE SUPERIOR/CIRCUIT COURT  
 ) SS:  
COUNTY OF ) CASE NO.

IN RE THE MATTER OF:

Petitioner,

V.

Respondent.

**VERIFIED MOTION FOR CONTINUANCE**

Comes now \_\_\_\_\_, and states the following:

1. This matter is scheduled for hearing on \_\_\_\_\_;
2. I need additional time because:
  
3. I request a continuance for \_\_\_\_\_.
4. I contacted \_\_\_\_\_ on \_\_\_\_\_, and they \_\_\_\_\_ to my continuance request.

WHEREFORE, I respectfully request a continuance of this hearing, and for all other just and proper relief. I affirm under the penalties of perjury that the foregoing representations are true.

\_\_\_\_\_  
Signature

**CERTIFICATE OF SERVICE**

I hereby certify that I sent a copy of this Motion by first class mail to the opposing attorney, or the opposing party if the opposing party is not represented by an attorney, on \_\_\_\_\_.

\_\_\_\_\_  
Signature

STATE OF INDIANA

) IN THE

SUPERIOR/CIRCUIT COURT

COUNTY OF

) SS:

) CASE NO.

IN RE THE MATTER OF:

Petitioner,

V.

Respondent.

**ORDER**

This Motion for Continuance is:

**GRANTED,**

it is therefore ORDERED by this Court that this case is continued to the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, \_\_\_\_m.

**OR**

**DENIED.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Judge

Distribution: