

**APPEARANCE FORM (CRIMINAL)**  
**Defendant**

**Case Number:** \_\_\_\_\_  
*(Previously supplied by Clerk)*

*(file stamp)*

// Check if *Pro Se*. In the event the defendant decides to represent himself or herself, complete this form listing address and other service information in number 2.

1. Name of Defendant(s): \_\_\_\_\_

*(All defendants represented by attorney listed below)*

2. Defense Attorney information (as applicable for service):

Name: \_\_\_\_\_ Attorney No. \_\_\_\_\_

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

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

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

3. Will Defendant accept service by FAX: Yes \_\_\_\_\_ No \_\_\_\_\_

4. Additional information required by state or local rule: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note: If separate attorneys represent separate defendants or separate sets of defendants, use an appearance form for each separately represented defendant or set of defendants.

**Authority:** Pursuant to Criminal Rule 2.1(B), this form shall be filed at the time a criminal proceeding is commenced. In emergencies, the requested information shall be supplied when it becomes available. Parties shall advise the court of a change in information previously provided to the court. This format is approved by the Division of State Court Administration.

**APPEARANCE FORM (CRIMINAL)**  
**State of Indiana**

**Case Number:** \_\_\_\_\_ (File stamp)  
(To be supplied by Clerk at the time of filing)

1. Name of Defendant(s): \_\_\_\_\_  
\_\_\_\_\_

*[See Administrative Rule 1(B)(4) for multiple charges or defendants]*

2. Case Type of proceeding: \_\_\_\_\_  
*[See Administrative Rule 8(B)(3)]*

3. Prosecuting Attorney information (as applicable):

Name: \_\_\_\_\_ Attorney No. \_\_\_\_\_

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

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

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

Deputy assigned case (Optional): \_\_\_\_\_

4. Will the State accept service by FAX: Yes \_\_\_\_\_ No \_\_\_\_\_

5. Arrest report number (Originating Agency Case Number): \_\_\_\_\_

6. Additional information required by state or local rule: \_\_\_\_\_

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

**Authority:** Pursuant to Criminal Rule 2.1(A), this form shall be filed at the time a criminal proceeding is commenced. In emergencies, the requested information shall be supplied when it becomes available. Parties shall advise the court of a change in information previously provided to the court. This format is approved by the Division of State Court Administration.

