

# APPEARANCE FORM

Case Number: 29H03-\_\_\_\_\_

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.