

STATE OF INDIANA

IN THE <County where court is::LIKE THIS>  
 <Type of court::LIKE THIS> COURT <IF Does  
 this court have a division number?><Court's  
 division number><END IF>

SS:

&lt;Year:1990&gt; TERM

COUNTY OF &lt;County where court is::LIKE THIS&gt;

CAUSE NO.: &lt;Cause number&gt;

In Re the legal separation of:

&lt;Petitioner's name&gt;,

Petitioner,

and

&lt;Respondent's name&gt;

Respondent

### APPEARANCE BY ATTORNEY FOR INITIATING PARTY

1. The undersigned attorney and all attorneys listed on this form now appear in this case for the following party member(s): <Petitioner's name>

2. Applicable attorney information for service as required by Trial Rule 5(B)(2) and for case information as required by Trial Rules 3.1 and 77(B) is as follows: DR

---

 Samuel C. Hasler, 11971-48

&lt;MY ADDRESS1&gt;

Anderson, IN &lt;MY ZIP CODE&gt;

765-641-7906

Computer Address: samuelhasler@yahoo.com

3. There are other party members: <There are other party members?>

4. I will accept service by FAX at the above noted number: Yes

6. There are related cases: <Are the related cases?>

7. This case involves support issues. <Does this case involve support issues?>

5. Additional information required by state or local rule: <Additional information requested by other rule>

<<IF Do we need Notice of Hearing?>><<ASSEMBLE "sep - Notice of Hearing .wpt">><<END IF>>  
<<IF Do we need a Summons?>><<ASSEMBLE "sep - Summons for Legal Separation.wpt">><<END IF>>