

NOTICE TO QUIT

_____, Indiana
_____, 20____

To _____
(Tenant(s) Name)

You are hereby notified to deliver up to me at the expiration of ten days from the time you receive this notice the premises in _____, Wells County, Indiana, and located at _____, together with its appurtenances unless the rent due for said premises is paid within that time.

Signed: _____
(Landlord(s) Name)

PROOF OF SERVICE

The undersigned certifies that on the _____ day of _____, 20____, landlord did serve a true and exact copy of the above Notice to Quit on _____ by delivering it to said persons or by delivering it to some person of proper age and discretion residing on the premises, having first made known to said person contents of the Notice, or by affixing a copy of such Notice to a conspicuous part of said premises.

Received by: _____
(Tenant)

Signed: _____
(Landlord)

NOTICE TO QUIT

_____, Indiana
_____, 20____

To _____
(Tenant(s) Name)

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Received by: _____
(Tenant)

Signed: _____
(Landlord)

STATE OF INDIANA)
) SS:
COUNTY OF WELLS)

IN THE WELLS SUPERIOR COURT

Case Number: 90D01 - _____ - EV - _____

(To be supplied by Clerk when case is filed.)

(Caption)

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) _____ ;
Intervening _____ ;

in this case and am representing myself.

2. My contact information for receiving legal service of documents and case information as required by Court Rules: (NOTE: If you are the Initiating party and this case involves a protection from abuse order, a workplace violence restraining order, or a no-contact order, DO NOT answer here. Answer Question #6 instead.)

Address: _____

Email Address: _____

Phone: _____

FAX: _____

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 above-noted number. Yes _____ No _____
5. This case involves child support issues. Yes _____ No _____ (If yes, supply social security numbers for all family members on a separately attached document filed as confidential information on light green paper. Use Form TCM-TR3.1-4.)
6. This case involves a protection from abuse order, a workplace violence restraining order, or a no-contact order. Yes _____ No _____ (If Yes, the Initiating party (petitioner) 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.) The following address shall be used for purposes of legal service of documents to me:

_____ The Attorney General Confidentiality program address

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

_____ Another address (provide)

7. This case involves a petition for involuntary commitment: Yes _____ No _____

8. If Yes above, provide the following regarding the individual subject to the petition for involuntary commitment:

a. Name of the individual subject to the petition for involuntary commitment:

b. State of Residence of person subject to the petition: _____

c. At least one of the following pieces of identifying information:

i. Date of Birth: _____

ii. Driver's License Number: _____

State where issued _____ Expiration Date _____

iii. State ID number _____

State where issued _____ Expiration Date _____

iv. FBI Number _____

v. Indiana Department of Corrections Number _____

Social Security Number is available and is being provided in an attached confidential document Yes _____ No _____

9. There are related cases: Yes _____ No _____ (If yes, list on continuation page.)

10. Additional information required by local rule:

Self-Represented Party

