

STATE OF INDIANA) IN THE \_\_\_\_\_ COURT  
) ss:  
COUNTY OF \_\_\_\_\_) Case Number: \_\_\_\_\_

(Caption)

**TEMPORARY APPEARANCE - STATE**

Under Criminal Rule 2.1 this form must be filed by any attorney, different from any specifically identified in a previously filed appearance, who is temporarily representing a party in a proceeding before the court, through filing a pleading with the court or in any other capacity including discovery.

1. Contact Information of the Prosecuting Attorney or Deputy filing this temporary appearance:

Name: \_\_\_\_\_ Attorney No. \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ FAX: \_\_\_\_\_  
\_\_\_\_\_ Computer Address: \_\_\_\_\_

2. The undersigned Prosecuting Attorney or Deputy now represents the State of Indiana on a temporary basis until \_\_\_\_\_.

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

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

5. Transaction Control Number associated with the fingerprints submitted by the arresting agency:  
\_\_\_\_\_

6. State Identification Number assigned to the defendant by the Indiana State Police Central Records Repository if the defendant has been arrested and processed at the jail: \_\_\_\_\_

7. Additional information specified by state or local rule required to maintain the information management system employed by the court: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Contact information of the Prosecuting Attorney or Deputy who has filed the prior appearance in the case:

Name: \_\_\_\_\_ Attorney No. \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ FAX: \_\_\_\_\_  
\_\_\_\_\_ Computer Address: \_\_\_\_\_

\_\_\_\_\_  
Signature

*(Attach certificate of service as required by Trial Rule 5)*