UNITED STATES DISTRICT COURT
for the
Southern District of Indiana

_____	)	
Plaintiff	)	
v.	)	**Case No.**
_____	)	
Defendant	)	

LIMITED ATTORNEY APPEARANCE FORM AS MEDIATION ASSISTANCE PROGRAM COUNSEL

To: The clerk of court and all parties of record

I am authorized to practice in this court, and I file this limited appearance as mediation assistance program counsel for:

_____.

Date: _____

_____
Attorney's signature

_____
Printed name and bar number

_____
Address

_____
E-mail address

_____
Telephone number

SPECIAL INSTRUCTIONS FOR FILING THIS FORM in the Court's Electronic Case Filing System (CM/ECF): Under the "Civil" category in CM/ECF, please select "Notices" under the heading "Other Filings". In this list of events, please select "**Notice of Appearance - Limited Appointment."** It is very important that you do not select the main "Notice of Appearance" event. As you proceed in filing your Notice of Appearance - Limited Appointment, you will be prompted to select the attorney. Please select your name and on the next screen, please select the *Pro Se* party that you will be temporarily representing. Please continue with the process of submitting your Limited Appearance. Thank you.