



STATE OF RHODE ISLAND
 DEPARTMENT OF HUMAN SERVICES
 OFFICE OF CHILD SUPPORT SERVICES
 77 DORRANCE STREET PROVIDENCE, RHODE ISLAND 02903
 (401) 458-4400 • WWW.CSE.RI.GOV

ENTRY OF APPEARANCE

FAMILY COURT

PROVIDENCE/BRISTOL COUNTY OR SIXTH DIVISION WASHINGTON COUNTY OR FOURTH DIVISION

KENT COUNTY OR THIRD DIVISION NEWPORT COUNTY OR SECOND DIVISION

PLAINTIFF	CIVIL ACTION FILE NUMBER OR CASE NUMBER
DEFENDANT	

IN THE ABOVE CAPTIONED MATTER, I HEREBY ENTER MY APPEARANCE AS A SELF – REPRESENTED LITIGANT.

PLAINTIFF NAME PRINTED:	DEFENDANT NAME PRINTED:
PLAINTIFF SIGNATURE:	DEFENDANT SIGNATURE:
ADDRESS:	ADDRESS:
HOME PHONE:	HOME PHONE:
CELLULAR PHONE:	CELLULAR PHONE:
EMAIL ADDRESS:	EMAIL ADDRESS:

DATE : _____