Date:		
To:		
	(Name of other party)	
Address:		
	(Street Address/P.O. Box)	
	(City/State/ZIP code)	
Greetings:		
Enclosed please fi	ind a copy of a for	
enclosed form, file	Appearance form. If you agree to acce e it with the clerk of the court and sen ned Voluntary Appearance form to m	d me a copy. You may
	ved a signed copy of the Voluntary A will proceed with formal service of pr	
I appreciate your a	attention to this matter.	
Sincerely,		
	(Your signature)	_
(Your full name)		_
(You	ur Street Address/P.O. Box)	_
(Yo	our City/State/ZIP code)	_
Enc:	for	
Voluntary	Appearance form	