

STATE OF INDIANA) IN THE MONROE CIRCUIT COURT
) SS:
COUNTY OF MONROE) Case Number: 53C06-2508-CT-002221

MARK WHITE, MD,
 Petitioner,

AND

MONROE COUNTY COMMUNITY SCHOOL CORPORATION (MCCSC),
And
INDIANA UNIVERSITY,
 Respondents.

APPEARANCE BY ATTORNEY IN CIVIL CASE

This Appearance Form must be filed on behalf of every party in a civil case.

1. The party on whose behalf this form is being filed is:

Initiating _____ Responding X Intervening _____; and

the undersigned attorney and all attorneys listed on this form now appear in this case for the following parties:

Name of party Indiana University

Address of party (*see Question # 6 below if this case involves a protection from abuse order, a workplace violence restraining order, or a no-contact order*)
107 S. Indiana Ave., Bloomington, IN 47405

Telephone # of party 812-855-9739

FAX: 812-855-0678 _____

Email Address: _____

(List on a continuation page additional parties this attorney represents in this case.)

2. Attorney information for service as required by Trial Rule 5(B)(2)

Name: Zachary R. Griffin Atty Number: 35769-49

Address: Indiana University Office of the Vice President and General Counsel, 301 University Blvd., Room 5030, Indianapolis, IN 46202

Phone: 317-274-7445

FAX: 317-274-7470

Email Address: zrgriffi@iu.edu

(List on continuation page additional attorneys appearing for above party)

3. This is a _____ case type as defined in administrative Rule 8(B)(3).
4. I will accept service from other parties by:
FAX at the above noted number: Yes ____ No X
Email at the above noted number: Yes X No ____
5. This case involves child support issues. Yes ____ No X *(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 X *(If Yes, the initiating party must provide an address for the purpose of legal service but that address should not be one that exposes the whereabouts of a petitioner.)* The party shall use the following address for purposes of legal service:

_____ Attorney's address
_____ The Attorney General Confidentiality program address
(contact the Attorney General at 1-800-321-1907 or e-mail address is **confidential@atg.in.gov**).
_____ Another address (provide)

7. This case involves a petition for involuntary commitment. Yes ____ No X
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 if it is not already provided in #1 above: _____
- b. State of Residence of person subject to 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 _____
- (vi) Social Security Number is available and is being provided in an attached confidential document Yes ____ No ____

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

10. Additional information required by local rule:

11. There are other party members: Yes ____ No X (*If yes, list on continuation page.*)

12. This form has been served on all other parties and Certificate of Service is attached:
Yes X No ____

/s/ Zachary R. Griffin

Zachary R. Griffin, Esq. (IN 35769-49)
(Attorney information shown above.)

CERTIFICATE OF SERVICE

I hereby certify that on September 4, 2025, a copy of the foregoing was filed electronically. Notice of this filing will be sent via mail and email to the following:

Mark White, MD
3309 E Mulberry Ct
Bloomington, IN 47401
mark@codefun.com

/s/Zachary R. Griffin
Zachary R. Griffin (IN 35769-49)

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the undersigned attorney and all attorneys listed on this form now appear in this case for
the following parties:

Name of party Indiana University

Address of party (*see Question # 6 below if this case involves a protection from abuse
order, a workplace violence restraining order, or a no-contact order*)
107 S. Indiana Ave., Bloomington, IN 47405

Telephone # of party 812-855-9739

FAX: 812-855-0678 _____

Email Address: _____

(List on a continuation page additional parties this attorney represents in this case.)

2. Attorney information for service as required by Trial Rule 5(B)(2)

Name: Kendall B. Bowers Atty Number: 39493-49

Address: Indiana University Office of the Vice President and General Counsel, 301 University Blvd., Room 5030, Indianapolis, IN 46202

Phone: 317-274-7460

Fax: 317-274-7470

Email Address: kenbower@iu.edu

(List on continuation page additional attorneys appearing for above party)

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- FAX at the above noted number: Yes ____ No X
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12. This form has been served on all other parties and Certificate of Service is attached:
Yes X No ____

/s/ Kendall B. Bowers

Kendall B. Bowers, Esq. (IN 39493-49)
(Attorney information shown above.)

CERTIFICATE OF SERVICE

I hereby certify that on September 4, 2025, a copy of the foregoing was filed electronically. Notice of this filing will be sent via mail and email to the following:

Mark White, MD
3309 E Mulberry Ct
Bloomington, IN 47401
mark@codefun.com

/s/Kendall B. Bowers
Kendall B. Bowers (IN 39493-49)

STATE OF INDIANA)
)
COUNTY OF MONROE)

SS:

IN THE MONROE CIRCUIT COURT

Case Number: 53C06-2508-CT-002221

MARK WHITE, MD,
Petitioner,

AND

MONROE COUNTY COMMUNITY SCHOOL CORPORATION (MCCSC),
And
INDIANA UNIVERSITY,
Respondents.

REQUEST FOR ENLARGEMENT OF TIME

Defendants, The Trustees of Indiana University, improperly identified as Indiana University, by counsel, moves this Court for a thirty (30) day enlargement of time within which to file a responsive pleading to Plaintiff's Complaint.

1. On August 11th, 2025, Plaintiff filed the Complaint.
2. On August 18th, 2025, the Complaint and Summons were served on Defendant.
3. Pursuant to Indiana Rule of Trial Procedure 6(D(1)), Defendant has until September 7th, 2025, to file its responsive pleading.
4. Pursuant to Monroe Circuit Court Rule LR 53-TR00-0204(A), Defendant seeks an initial thirty day enlargement of time in which to provide a responsive pleading, to and including October 7, 2025.

/s/Kendall B. Bowers

Kendall B. Bowers
Indiana University
Office of the Vice President and General
Counsel
301 University Blvd, Room 5030
Indianapolis, IN 46202

317.274.7460

kenbower@iu.edu

Counsel for Defendants

CERTIFICATE OF SERVICE

I hereby certify that on September 4, 2025, a copy of the foregoing was filed electronically and served on the following through E-Service:

Mark White, MD
3309 E Mulberry Ct
Bloomington, IN 47401
mark@codefun.com

/s/Kendall B. Bowers
Kendall B. Bowers

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COUNTY OF MONROE)

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INDIANA UNIVERSITY,
Respondents.

ORDER GRANTING ENLARGEMENT OF TIME

Defendants, The Trustees of Indiana University, improperly identified as Indiana University, by counsel, having filed their request for a thirty (30) day enlargement of time within which to respond to Plaintiff's Complaint, and the Court being duly advised, now GRANTS said request and it is hereby

ORDERED, ADJUDGED and DECREED that a responsive pleading be filed on or before the 7th day of October, 2025.

SO ORDERED this _____ day of **September 4, 2025**, 2025.



KB

JUDGE, MONROE CIRCUIT COURT

TENDERED BY:
Kendall B. Bowers
Indiana University
Office of the Vice President and General Counsel
301 University Blvd, Room 5030
Indianapolis, IN 46202
317.274.7460

DISTRIBUTION TO:
Mark White, MD
3309 E Mulberry Ct

Bloomington, IN 47401
812-272-3189

Kendall B. Bowers
(address above)