

**GENERAL INSTRUCTIONS ON HOW TO FILE TO MODIFY PARENTING TIME
WHEN PATERNITY IS ESTABLISHED AND WITH AN AGREEMENT**

1. This packet includes the following documents for you to complete:
 - Appearance
 - Not For Public Access/Confidential Appearance
 - Verified Petition To Modify Parenting Time With An Agreement
 - Verified Agreed Entry To Modify Parenting Time

2. Complete a Child Support Worksheet. You will need to file the Child Support Worksheet with the court when you file the documents in this packet. You can find the calculator at: <https://www.in.gov/judiciary/2625.htm>

3. Review the Indiana Parenting Time Guidelines. You will need to state what parenting time you and the other parent agree to when you complete the *Verified Agreed Entry To Modify Parenting Time*. You can find the guidelines here: <https://www.in.gov/judiciary/rules/parenting/>

4. Complete each form according to the instructions below. You and the other party will both need to sign the *Verified Agreed Entry To Modify Parenting Time* **in front of a Notary Public**. Some, but not all, libraries and banks have a Notary Public available. There is a small fee.

5. Check your county's local rules here: <https://www.in.gov/judiciary/2694.htm> to see if there are additional things you need to do.

6. If you will e-file your documents, learn more about how to e-file using the guide at: <https://www.in.gov/judiciary/4313.htm>. Note that nothing is final until the judge signs an Order, which may be the *Verified Agreed Entry To Establish Parenting Time*.

Complete the following steps *only if you will file your paper documents at the courthouse.*

7. Make three copies of each document.

8. Prepare three stamped envelopes. One should be addressed to you and two should be addressed to the other parent.

9. Take the original, signed forms, the completed Child Support Worksheet and copies to the courthouse in the county that issued the last order in your case (this might be an order establishing paternity, child support or parenting time, etc.). *Bring the addressed, stamped envelopes with you.*

10. File your documents with the court clerk. You will have to pay a fee. The fee may be different in each county. The clerk will stamp your forms.
11. Send the stamped copies of the forms to the other parent and keep a copy for yourself.
12. Nothing is final until the judge signs an order, which may be the *Verified Agreed Entry To Modify Parenting Time*. If you opted to receive notice by email, the court will email you. If you did not, the court will notify you by mail.

STATE OF INDIANA IN THE NAME OF COUNTY TYPE OF COURT COURT
COUNTY OF NAME OF COUNTY CAUSE NO. CAUSE NUMBER OF THE PATERNITY CASE, IF YOU DO NOT HAVE ONE, LEAVE THIS BLANK
IN RE THE PATERNITY OF:

CHILD'S NAME

Minor Child

IF THE COURT HAS ESTABLISHED PATERNITY, LOOK AT THE COURT PAPERS FROM THE PATERNITY CASE AND PUT THE PETITIONER'S NAME HERE. IF THE COURT HAS NOT ESTABLISHED PATERNITY, PUT YOUR NAME HERE

Petitioner,

IF THE COURT HAS ESTABLISHED PATERNITY, LOOK AT THE v. COURT PAPERS FROM THE PATERNITY CASE AND PUT THE RESPONDENT'S NAME HERE. IF THE COURT HAS NOT ESTABLISHED PATERNITY, PUT THE OTHER PARENT'S NAME HERE

Respondent.

APPEARANCE BY UNREPRESENTED PERSON IN PATERNITY CASE

1. My name is YOUR NAME and in this case I am not represented by a lawyer.
2. My contact information for receiving legal service of documents and case information as required by Court Rules is:

Address: YOUR ADDRESS

Email address: YOUR EMAIL

IF YOU WANT THE COURT TO CONTACT YOU ONLY BY EMAIL, CHECK THIS BOX

I will accept service at the above email address.

Phone: YOUR PHONE NUMBER

Fax: YOUR FAX NUMBER, IF YOU HAVE ONE

OR, if in a related case, you have used the Attorney General confidential address, you may check the box below:

CHECK THIS BOX ONLY IF YOU ARE USING THE ATTORNEY GENERAL'S CONFIDENTIAL ADDRESS

Attorney General confidential address

3. This is a JP case type as defined in Administrative Rule 8(B)(3).

4. There are other cases related to this case: *(If yes, please indicate below)*

IF YOU HAVE OTHER CASES RELATED TO THIS ONE, CHECK 'YES' AND FILL IN THE INFORMATION BELOW. IF NOT, CHECK 'NO.'

Yes

No

Caption and case number of related cases:

IF THERE ARE RELATED CASES, FILL IN THIS INFORMATION. IF NOT, LEAVE BLANK.

Caption: _____ Case No.: _____

Caption: _____ Case No.: _____

Caption: _____ Case No.: _____

Additional information as required by local rule:

IF ADDITIONAL INFORMATION IS REQUIRED BY LOCAL RULE, ADD IT HERE.

FOR THE 'CERTIFICATE OF SERVICE' CHECK THE BOX IN FRONT OF THE WAY YOU WILL SEND THIS TO THE OTHER PARTY, CHECK THE BOX, AND FILL IN THE INFORMATION

PRINT THIS FORM AND SIGN HERE

Signature

CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of this document on _____ by first-class U.S. mail, postage prepaid to _____ at the following address:

I hereby certify that I sent a copy of this document on _____ by E-service using the Indiana E-filing system to:

SIGN HERE WITH A PEN

Signature

**NOT FOR PUBLIC ACCESS
IN ACCORDANCE WITH INDIANA RULES ON
ACCESS TO COURT RECORDS**

**ATTENTION CLERK: FOR SELF REPRESENTED LITIGANTS TREAT THIS FORM AS IF IT
IS PRINTED ON LIGHT GREEN PAPER. IF E-FILED, FILE AS A CONFIDENTIAL
DOCUMENT.**

STATE OF INDIANA IN THE _____ COURT

COUNTY OF _____ CAUSE NO: _____

IN THE _____ OF

Minor Child (*paternity only*)

FOR THE SECTION ABOVE THE DOTTED LINE, LOOK AT THE
COURT PAPERS YOU HAVE IN YOUR CASE AND COPY THE
INFORMATION HERE.

Petitioner

vs.

Respondent

CIVIL APPEARANCE FORM

Social security numbers of all family members in cases involving child support

Name: <u>YOUR NAME</u>	SS# <u>YOUR SOCIAL SECURITY NUMBER</u>
Name: <u>CHILD'S NAME</u>	SS# <u>CHILD'S SOCIAL SECURITY NUMBER</u>
Name: <u>OTHER PARENT'S NAME</u>	SS# <u>OTHER PARENT'S SOCIAL SECURITY NUMBER</u>
Name: _____	SS# _____
Name: _____	SS# _____
Name: _____	SS# _____

NOT FOR PUBLIC ACCESS

STATE OF INDIANA IN THE _____ COURT
COUNTY OF _____ CAUSE NO. _____

IN RE THE PATERNITY OF:

Minor Child

Petitioner,

v.

Respondent

FOR THE SECTION ABOVE THE DOTTED LINE, LOOK AT THE FIRST FORM YOU FILLED OUT (APPEARANCE BY UNREPRESENTED PERSON IN A PATERNITY CASE) AND COPY THE INFORMATION HERE

VERIFIED PETITION TO MODIFY PARENTING TIME WITH AGREEMENT

YOUR NAME, self represented, files a Petition To Modify Parenting Time and states in support as follows:

1. Paternity of the parties' minor child(ren), namely: NAMES OF THE MINOR CHILDREN YOU HAVE WITH THE OTHER PARENT has been established by this Court, and PERSON ORDERED TO PAY CHILD SUPPORT has been ordered to pay child support in the amount of \$ AMOUNT OF CHILD SUPPORT per week.

2. PERSON WITH PRIMARY PHYSICAL CUSTODY has been awarded primary physical custody of the child(ren).

3. The Court's most recent order on parenting time is dated DATE OF MOST RECENT ORDER ON PARENTING TIME and orders parenting time as follows: PARENTING TIME THAT HAS BEEN ORDERED

4. A change in parenting time is in the best interest of the child(ren).

5. YOUR NAME asks the Court to enter a parenting time order:

SELECT ONE { in accordance with the Indiana Parenting Time Guidelines **OR** as follows:

YOU CAN VIEW THE PARENTING TIME GUIDELINES AT <https://www.in.gov/judiciary/rules/parenting/>

IF YOU WANT PARENTING TIME THAT IS DIFFERENT FROM THE INDIANA PARENTING TIME GUIDELINES, CHECK THE 'AS FOLLOWS' BOX ABOVE AND WRITE OUT WHAT PARENTING TIME YOU AND THE OTHER PARENT HAVE AGREED TO HERE.

6. The parties have reached an agreement and an Agreed Entry To Modify Parenting Time is filed with this petition.

WHEREFORE, the undersigned prays that the Court modify the current parenting time as requested, and for all other just and proper relief.

I affirm under penalties for perjury that the foregoing representations and statements are true.

DATE YOU SIGN THIS DOCUMENT

Date

SIGN HERE IN PEN

Signature

FOR THE CERTIFICATE OF SERVICE, CHECK THIS BOX IN FRONT OF THE WAY YOU WILL SEND THIS TO THE OTHER PERSON, THEN FILL IN THE INFORMATION

YOUR NAME

Printed Name

CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of this document on _____ by first-class U.S. mail, postage prepaid to _____ at the following address:

I hereby certify that I sent a copy of this document on _____ by E-service using the Indiana E-filing system to:

Signature

STATE OF INDIANA IN THE _____ COURT
COUNTY OF _____ CAUSE NO. _____

IN RE THE PATERNITY OF:

Minor Child

Petitioner,

v.

Respondent

FOR THE SECTION ABOVE THE DOTTED LINE, LOOK AT THE FIRST FORM YOU FILLED OUT (APPEARANCE BY UNREPRESENTED PERSON IN A PATERNITY CASE) AND COPY THE INFORMATION HERE

VERIFIED AGREED ENTRY TO MODIFY PARENTING TIME

YOUR NAME and OTHER PARENT file an Agreed Entry To Modify Parenting Time and state they agree as follows:

1. The paternity of the parties' minor child(ren) _____ NAMES OF THE MINOR CHILDREN YOU HAVE WITH THE OTHER PARENT has been established by this Court and PERSON ORDERED TO PAY CHILD SUPPORT has been ordered to pay child support in the amount of \$ AMOUNT OF CHILD SUPPORT per week.

2. PERSON WITH PRIMARY PHYSICAL CUSTODY has been awarded primary physical custody of the minor child(ren).

3. A change in parenting time is in the best interest of the child(ren).

4. The parties waive a hearing and ask the Court to modify the parenting time order

SELECT ONE { in accordance with the Indiana Parenting Time Guidelines **OR** as follows:

YOU CAN VIEW THE PARENTING TIME GUIDELINES AT <https://www.in.gov/judiciary/rules/parenting/>

IF YOU WANT PARENTING TIME THAT IS DIFFERENT FROM THE INDIANA PARENTING TIME GUIDELINES, CHECK THE 'AS FOLLOWS' BOX ABOVE AND WRITE OUT WHAT PARENTING TIME YOU AND THE OTHER PARENT HAVE AGREED TO HERE.

WHEREFORE the parties waive their right to a hearing, ask that the Court modify parenting time as outlined above and for all other just and proper relief.

I affirm under penalties for perjury that the foregoing representations and statements are true.

Date: DATE YOU SIGN

DO NOT SIGN THIS FORM UNTIL YOU ARE IN FRONT OF A NOTARY PUBLIC

Signature

YOUR NAME

Printed Name

STATE OF INDIANA

COUNTY OF COUNTY

Before me, _____, a notary public in and for _____ County, State of Indiana, personally appeared _____ and having been duly sworn upon their oath says that the facts all alleged in the foregoing instrument are true.

Date: _____
Notary Public

My Commission Expires _____

LEAVE THIS BLANK. A NOTARY PUBLIC WILL FILL THIS OUT

I affirm under penalties for perjury that the foregoing representations and statements are true.

Date: DATE YOU SIGN

DO NOT SIGN THIS FORM UNTIL YOU ARE IN FRONT OF A NOTARY PUBLIC

Signature

OTHER PARENT'S NAME

Printed Name

STATE OF INDIANA

COUNTY OF COUNTY

Before me, _____, a notary public in and for _____ County, State of Indiana, personally appeared _____ and having been duly sworn upon their oath says that the facts all alleged in the foregoing instrument are true.

Date: _____
Notary Public

My Commission Expires _____

LEAVE THIS BLANK. A NOTARY PUBLIC WILL FILL THIS OUT

SO ORDERED LEAVE BLANK

Distribution:

YOUR NAME

YOUR ADDRESS

LEAVE BLANK

Judicial Officer

OTHER PARENT'S NAME

OTHER PARENT'S ADDRESS