

STATE OF INDIANA

IN THE COUNTY NAME SELECT COURT IF YOU KNOW IT. IF NOT, LEAVE BLANK COURT

COUNTY OF COUNTY NAME

CAUSE NO. CAUSE NUMBER

IN RE THE CHOOSE 'PATERNITY' OR 'DIVORCE' OF:

NAME OF CHILD IF PARENTS NEVER MARRIED, IF THERE WAS A DIVORCE LEAVE THIS BLANK

Minor Child (*paternity cases only*)

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

PETITIONER'S NAME

Petitioner,

v.

RESPONDENT'S NAME

Respondent.

APPEARANCE BY UNREPRESENTED PERSON IN CIVIL CASE

1. My name is YOUR NAME and I am:

CHECK THE BOX THAT MATCHES THE ABOVE

- Petitioner
- Respondent

and in this case I am not represented by a lawyer.

2. Contact information for receiving legal service of document and case information as required by Court Rules. (*NOTE: If you are the Initiating Party and this case, or a related case, involves a protection from abuse order, a workplace violence restraining order, or a no-contact order, you must provide an address for the purpose of legal service of documents. But, that address should not be one that exposes your location.*)

Address: YOUR ADDRESS

Email address: YOUR EMAIL

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

I will accept service at the above email address.

Phone: PHONE NUMBER

Fax: FAX NUMBER

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 DC case type as defined in Administrative Rule 8(B)(3).

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

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

- Yes
- No

Caption and case number of related cases:

Caption: _____ Case No.: _____

Caption: _____ Case No.: _____

Caption: _____ Case No.: _____

Additional information as required by local rule:

ADDITIONAL INFORMATION REQUIRED BY LOCAL COUNTY RULE

PRINT THIS FORM AND SIGN HERE

Signature

CERTIFICATE OF SERVICE

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

OTHER PARTY'S ADDRESS

AND

I hereby certify that I sent a copy of this document on DATE SENT to the State of Indiana, COUNTY County Prosecutor's Office, Child Support Division

by first-class U.S. mail, postage prepaid at the following address:

PROSECUTOR'S ADDRESS

OR

by E-service using the Indiana E-filing

SELECT THE WAY YOU SEND TO THE PROSECUTOR



PRINT THIS FORM AND SIGN HERE

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: YOUR NAME | SS# YOUR SOCIAL SECURITY NUMBER |
| Name: CHILD'S NAME | SS# CHILD'S SOCIAL SECURITY NUMBER |
| Name: OTHER PARENT'S NAME | SS# OTHER PARENT'S SOCIAL SECURITY NUMBER |
| Name: _____ | SS# _____ |
| Name: _____ | SS# _____ |
| Name: _____ | SS# _____ |

NOT FOR PUBLIC ACCESS

STATE OF INDIANA

IN THE _____ COURT

COUNTY OF _____

CAUSE NO: _____

IN THE _____ OF

Minor Child (*paternity only*)

Petitioner

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

vs.

Respondent

NOTICE TO THE COURT REQUESTING AN EXTENSION OF THE DUTY TO SUPPORT A CHILD

Comes now YOUR NAME and hereby notifies the Court, pursuant to IC 31-16-6-6 as follows:

1. That YOUR NAME is the parent or guardian of CHILD'S NAME, born CHILD BIRTH DATE.
2. That said child is at least seventeen (17) years old and will turn age nineteen (19) on DATE CHILD WILL TURN 19.
3. That said child is currently enrolled as a full-time student in a secondary school (as defined by IC 20-18-2-18), specifically NAME OF HIGH SCHOOL and that proof of said enrollment is attached hereto.
4. That said child is expected to graduate from the above secondary school on or about EXPECTED GRADUATION DATE.

Wherefore, YOUR NAME requests that the child support for said child continue until the date of graduation provided above and that the Court order the support to be terminated as of that date and for all other proper relief.

Date: PRINT THIS FORM AND DATE PRINT THIS FORM AND SIGN HERE

Signature
YOUR ADDRESS

CERTIFICATE OF SERVICE

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

OTHER PARTY'S ADDRESS

AND

I hereby certify that I sent a copy of this document on DATE SENT to the State of Indiana, NAME OF COUNTY County Prosecutor's Office, Child Support Division

by first-class U.S. mail, postage prepaid at the following address:

PROSECUTOR'S ADDRESS

OR

by E-service using the Indiana E-filing

SELECT HOW YOU WILL SEND TO THE PROSECUTOR

PRINT THIS FORM AND SIGN HERE
Signature

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 CHILD SUPPORT CASE AND COPY THE INFORMATION HERE.

Petitioner

vs.

Respondent

ORDER ON REQUEST FOR AN EXTENSION OF THE DUTY TO SUPPORT A CHILD

The Court having reviewed the Notice To The Court Requesting An Extension Of The Duty To Support A Child now finds and orders as follows:

1. Thirty (30) or more days have passed since the filing of the Notice To The Court Requesting An Extension Of The Duty To Support A Child.
2. No objection or request for hearing has been filed.
3. That YOUR NAME is the parent or guardian of CHILD'S NAME, born CHILD'S BIRTH DATE.
4. That said child is at least seventeen (17) years old and will turn age nineteen (19) on DATE CHILD WILL TURN 19.
5. That said child is currently enrolled as a full-time student in a secondary school (as defined by IC 20-18-2-18), specifically NAME OF HIGH SCHOOL.
6. That said child is expected to graduate from the above secondary school on or about EXPECTED GRADUATION DATE.
7. That the child support for said child shall continue until the date of graduation provided above.

8. That the child support for said child shall terminate as of the date of graduation provided above.

SO ORDERED LEAVE BLANK

LEAVE BLANK

Judicial Officer

Distribution:

YOUR NAME

YOUR ADDRESS

OTHER PARTY'S NAME

OTHER PARTY'S ADDRESS

COUNTY PROSECUTOR

PROSECUTOR'S ADDRESS
