

**GENERAL INSTRUCTIONS ON HOW TO FILE TO MODIFY PARENTING TIME
WITH AN AGREEMENT AFTER DIVORCE**

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 the calculated child support to complete the *Verified Agreed Entry To Modify Parenting Time*. You can find the calculator at: <https://www.in.gov/judiciary/2625.htm>

3. Review the Indiana Parenting Time Guidelines and agree on when the other parent should have parenting time. You will need this information to 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 included in the packet. Note that 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 Modify 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 the divorce decree, modification of child support, modification of custody, 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 _____ COURT
COUNTY OF _____ CAUSE NO. _____

IN RE THE MARRIAGE OF:

Petitioner,

v.

Respondent.

FOR THE SECTION ABOVE THE DOTTED LINE, LOOK AT YOUR COURT PAPERS IN THIS CASE (LIKE THE DIVORCE DECREE) AND COPY THE INFORMATION HERE.

APPEARANCE BY UNREPRESENTED PERSON

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

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

Email address: YOUR EMAIL

I will accept service at the above email address.

Phone: YOUR PHONE NUMBER

Fax: YOUR FAX NUMBER

IF YOU USE THE ATTORNEY GENERAL CONFIDENTIAL ADDRESS, CHECK THIS BOX.

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

Attorney General confidential address

3. This is a DC 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 THERE ARE RELATED CASES CHECK 'YES' AND FILL IN THE BLANKS BELOW. IF NOT, CHECK 'NO'

Yes

No

Caption and case number of related cases:

Caption: PUT RELATED CASE INFORMATION HERE Case No.: _____

Caption: _____ Case No.: _____

Caption: _____ Case No.: _____

Additional information as required by local rule:
OTHER INFORMATION REQUIRED BY LOCAL RULE.

SIGN HERE

Signature

CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of this document on HANDWRITE IN THE DATE YOU SEND THIS TO THE OTHER PARTY by

SELECT HOW YOU
WILL SEND THIS
TO THE OTHER
PARTY

- e-service using the e-filing system
 first-class U.S. mail, postage prepaid
 hand delivery

to NAME OF THE OTHER PARTY at the following address:

THE ADDRESS YOU WILL
SEND THIS DOCUMENT
TO

SIGN HERE

Signature

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

IN RE THE MARRIAGE OF:

Petitioner,

v.

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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**

CIVIL APPEARANCE FORM

Social security numbers of parents and minor child in this case

Name: YOUR NAME

SS# YOUR SOCIAL SECURITY NUMBER

Name: OTHER PARTY'S NAME

SS# OTHER PARTY'S SOCIAL SECURITY NUMBER

Name: CHILDREN'S NAMES AND SOCIAL SECURITY NUMBERS

SS# _____

Name: _____

SS# _____

Name: _____

SS# _____

Name: _____

SS# _____

Name: _____

SS# _____

NOT FOR PUBLIC ACCESS

STATE OF INDIANA

IN THE _____ COURT

COUNTY OF _____

CAUSE NO. _____

IN RE THE MARRIAGE OF:

Petitioner,

v.

Respondent

FOR THE SECTION ABOVE THE DOTTED LINE, LOOK AT YOUR COURT PAPERS IN THIS CASE (LIKE THE DIVORCE DECREE) 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. The parties' divorce decree is dated DATE OF DIVORCE DECREE

2. The minor child(ren) is/are named:

NAMES OF THE MINOR CHILDREN YOU HAVE WITH THE OTHER PARTY
and PERSON ORDERED TO PAY CHILD SUPPORT has been ordered to pay child support in the amount of \$ AMOUNT OF CHILD SUPPORT ORDERED TO BE PAID EACH WEEK per week.

3. The last order on parenting time is dated DATE OF LAST PARENTING TIME ORDER and PERSON WITH PRIMARY PHYSICAL CUSTODY has primary physical custody.

4. The last order on parenting time states that parenting time shall be as follows:
WRITE OR TYPE THE MOST RECENTLY ORDERED PARENTING TIME. YOU WILL NEED TO COPY THIS FROM THE MOST RECENT ORDER ON PARENTING TIME. THIS COULD BE PART OF THE DIVORCE DECREE.

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

6. YOUR NAME asks this Court to change parenting time and enter a parenting time order:

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

in accordance with the Indiana Parenting Time Guidelines **OR**

as follows: IF YOU AND THE OTHER PARENT AGREE ON PARENTING TIME THAT IS DIFFERENT FROM THE INDIANA PARENTING TIME GUIDELINES, CHECK THIS BOX AND WRITE/TYPE OUT YOUR AGREED PARENTING TIME ON THE LINES BELOW.

IF YOU WANT PARENTING TIME AS OUTLINED IN THE PARENTING TIME GUIDELINES, CHECK THIS BOX

7. 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 parenting time order 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: DATE YOU SIGN

SIGN HERE

Signature

YOUR NAME

Printed Name

CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of this document on HANDWRITE THE DATE YOU SEND THIS TO THE OTHER PARTY by

SELECT HOW YOU WILL SEND THIS TO THE OTHER PARTY

- e-service using the e-filing system
- first-class U.S. mail, postage prepaid
- hand delivery

to OTHER PARTY at the following address:

ADDRESS YOU WILL SEND THIS DOCUMENT TO

SIGN HERE

Signature

STATE OF INDIANA
COUNTY OF _____

IN THE _____ COURT
CAUSE NO. _____

IN RE THE MARRIAGE OF:

Petitioner,

v.

Respondent

FOR THE SECTION ABOVE THE DOTTED LINE, LOOK AT YOUR COURT PAPERS IN THIS CASE (LIKE THE DIVORCE DECREE) AND COPY THE INFORMATION HERE.

VERIFIED AGREED ENTRY TO MODIFY PARENTING TIME

YOUR NAME and OTHER PARTY'S NAME file an Agreed Entry to Modify Parenting Time and state they agree as follows:

1. The parties' marriage was dissolved by Decree dated DATE OF DIVORCE DECREE

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

NAME(S) OF MINOR CHILD(REN)
and PARENT ORDERED TO PAY CHILD SUPPORT has been ordered to pay child support in the amount of \$_____ per week.

AMOUNT OF CHILD SUPPORT ORDERED TO BE PAID EACH WEEK

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

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

in accordance with the Indiana Parenting Time Guidelines **OR**

as follows: **IF YOU AND THE OTHER PARENT AGREE ON PARENTING TIME THAT IS DIFFERENT FROM THE INDIANA PARENTING TIME GUIDELINES, CHECK THIS BOX AND WRITE/TYPE OUT YOUR AGREED PARENTING TIME ON THE LINES BELOW.**

IF YOU WANT PARENTING TIME AS OUTLINED IN THE INDIANA PARENTING TIME GUIDELINES, CHECK THIS BOX

WHEREFORE the parties waive their right to a hearing, ask that the Court modify parenting time as outlined in the Verified Agreed Entry To Modify Parenting Time 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

PETITIONER SHOULD SIGN HERE IN FRONT OF A NOTARY PUBLIC

Petitioner Signature
PETITIONER'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.

LEAVE THIS BLANK. THE NOTARY PUBLIC WILL FILL OUT

Date: _____

Notary Public

My Commission Expires _____

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

RESPONDENT SHOULD SIGN HERE WHEN IN FRONT OF A NOTARY PUBLIC

Date: DATE RESPONDENT SIGNS

Respondent Signature
RESPONDENT'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.

LEAVE THIS BLANK. THE NOTARY PUBLIC WILL FILL OUT

Date: _____

Notary Public

My Commission Expires _____

SO ORDERED LEAVE BLANK

Distribution:
YOUR NAME
YOUR ADDRESS

Judicial Officer
OTHER PARTY'S NAME
OTHER PARTY'S ADDRESS