

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

IN RE THE _____ OF:

Minor Child

Petitioner,

v.

Respondent.

APPEARANCE BY UNREPRESENTED PERSON

1. My name is _____ 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: _____

Email address: _____

I will accept service at the above email address.

Phone: _____

Fax: _____

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 _____ case type as defined in Administrative Rule 8(B)(3).
4. There are other cases related to this case: *(If yes, please indicate below)*
 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:

Signature

CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of this document on _____ by

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

to _____ at the following address:

Signature

STATE OF INDIANA IN THE _____ COURT

COUNTY OF _____ CASE NO. _____

IN RE THE _____ OF:

Minor Child

Petitioner,

v.

Respondent.

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

Name: _____ SS# _____

Name: _____ SS# _____

Name: _____ SS# _____

Name: _____ SS# _____

Name: _____ SS# _____

Name: _____ SS# _____

NOT FOR PUBLIC ACCESS

STATE OF INDIANA

IN THE _____ COURT

COUNTY OF _____

CASE NO. _____

IN RE THE PATERNITY OF:

Minor Child

Petitioner,

v.

Respondent

VERIFIED PETITION TO MODIFY PARENTING TIME WITH AGREEMENT

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

1. Paternity of the parties' minor child(ren), namely:

has been established by this Court, and _____ has been ordered to pay child support in the amount of \$_____ per week.

2. _____ has been awarded primary physical custody of the child(ren).

3. The Court's most recent order on parenting time is dated _____ and orders parenting time as follows:

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

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

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

as follows:

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

Signature

Printed Name

CERTIFICATE OF SERVICE

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STATE OF INDIANA

IN THE _____ COURT

COUNTY OF _____

CASE NO. _____

IN RE THE PATERNITY OF:

Minor Child

Petitioner,

v.

Respondent

VERIFIED AGREED ENTRY TO MODIFY PARENTING TIME

_____ and _____ file an Agreed Entry To Modify Parenting Time and state they agree as follows:

1. The paternity of the parties' minor child(ren) _____

_____ has been established by this Court and _____ has been ordered to pay child support in the amount of \$_____ per week.

2. _____ 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

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

as follows:

WHEREFORE the parties waive their right to a hearing, ask that the Court modify parenting time as outlined above 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: _____

Petitioner Signature

Printed Name

STATE OF INDIANA
COUNTY OF _____

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 _____

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

Date: _____

Respondent Signature

Printed Name

STATE OF INDIANA
COUNTY OF _____

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 _____

SO ORDERED _____

Distribution:

Judicial Officer

