STATE OF INDIANA COUNTY OF		A IN THE	COURT
		CASE NO	
IN F	RE THE MARRIA	AGE OF:	
Petit	tioner,		
v.			
Resp	pondent.		
		APPEARANCE BY UNREPRESENTED PERSON	<u>N</u>
1.	My name is _by a lawyer.	and in this case	e I am not represented
2.	My contact in required by Co	formation for receiving legal service of documents and ourt Rules is:	case information as
	Address:		
	Email address Phone:	:	
	Fax: OR, if in a relaction check the box	ated case, you have used the Attorney General confiden	itial address, you may
3.	This is a DC c	ase type as defined in Administrative Rule 8(B)(3).	
4.	There are othe	er cases related to this case: (If yes, please indicate below Yes No	w)
	Caption and c	ase number of related cases:	

Case No.:
Case No.:
Case No.:
by local rule:
Signature
ICATE OF SERVICE
cument on by
n
paid
at the following address:
Signature

STATE OF INDIANA	IN THE	COURT
COUNTY OF	CASE NO	
IN RE THE MARRIAGE OF:		
Petitioner,	_	
v.		
Respondent.		
NO	Γ FOR PUBLIC ACC	ESS
ATTENTION CLERK: FOR IF IT IS PRINTED ON LIGH	SELF REPRESENTED LITIGANTS IT GREEN PAPER CIVIL APPEARANCE FORM	S TREAT THIS FORM AS
Social secur	ity numbers of parents and minor child	in this case
Name:	SS#	

NOT FOR PUBLIC ACCESS

STATE OF INDIANA COUNTY OF IN RE THE MARRIAGE OF:		INDIANA IN THE	COURT
		F CASE NO	
		MARRIAGE OF:	
Petiti	oner,		
v.			
Respo	ondent		
3	VERIF	IED PETITION TO MODIFY PARENTING TIME WITH AGREEMENT	
N		, self represented, files a Petition to	
Modi	· ·	nting Time and states in support as follows:	
	1.	The parties' divorce decree is dated	
	2.	The minor child(ren) is/are named:	
		has been ordered to pay child support in the amoun	- nt
of \$_		per week.	
	3.	The last order on parenting time is dated and has primary physical custoe	dy.
	4.	The last order on parenting time states that parenting time shall be as follows:	
			_
	5.	A change in parenting time is in the best interest of the child(ren).	
	6.	asks this Court to change parenting	
time a	and ente	er a parenting time order:	
		in accordance with the Indiana Parenting Time Guidelines OR	
		as follows:	
Page 1	of 2	Approved by the Coalition for Court A	Access

7. The parties have reached an agreer Time is filed with this petition.	ment and an Agreed Entry To Modify Parenting
WHEREFORE, the undersigned prays tha requested, and for all other just and proper relief.	t the Court modify the parenting time order as
I affirm under penalties for perjury that are true.	the foregoing representations and statement
are true.	
Date:	
	Signature
	Printed Name
	Timed Name
CERTIFICATE	OF SERVICE
I hereby certify that I sent a copy of this documen	t 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 R	E THE MARRIAGE OF:			
 Petiti	ioner,			
v.				
Resp	ondent			
		ENTRY TO MODIFY	PARENTING TIME	
Λ αre	ed Entry to Modify Parenting T	andand	as follows:	file an
Agic		was dissolved by Decree		
physi	2. ical custody of the child(ren), na	amely:	has been awarded p	primary
	per week.	has been ordered to p	ay child support in the	amount of
	3. A change in parenting	g time is in the best intere	est of the minor child(re	en).
	4. The parties waive a h	earing and ask the Court	to modify the parenting	g time order
	☐ in accordance with the Ind	liana Parenting Time Gui	idelines <u>OR</u>	
	\square as follows:			
				•

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:	
	Petitioner Signature
	Printed Name
STATE OF INDIANA	
COUNTY OF	
Before me,	
	State of Indiana, personally appeared and having been duly sworn upon their oath says
that the facts all alleged in the foregoing instru	
Date:	
My Commission Expires	Notary Public
I affirm under penalties for perjury t are true.	that the foregoing representations and statements
Date:	
	Respondent Signature
STATE OF INDIANA	Printed Name
COUNTY OF	
County,	, a notary public in and for State of Indiana, personally appeared and having been duly sworn upon their oath says
that the facts all alleged in the foregoing instru	
Date:	
My Commission Expires	Notary Public
SO ORDERED	
Distribution:	Judicial Officer