INSTRUCTIONS: MODIFY CHILD SUPPORT WITH AGREEMENT

	STATE OF INDIANA)	IN THE	COURT
	COUNTY OF)SS:)	CASE NO.	
	IN RE THE	OF:		
	Minor Child (paternity only)		EOD THE SECTION	ABOVE THE DOTTED YELLOW LINE
				RT PAPERS YOU HAVE IN THIS CASE
	Petitioner,			
	v.			
	Respondent			
•	APPEARANCE	BY UNR	EPRESENTED PERS	SON IN CIVIL CASE
	This Appearance Fo	orm must	be filed on behalf of e	very party in a civil case.
1.	My name is YOUR NAME I	HERE	and I an	n:
	Initiating (filin		IF YO	OUR NAME IS ABOVE 'PETITIONER',
	Responding (a	nswering	an dafandina)	CK 'INITIATING' IF YOUR NAME IS VE RESPONDENT, CHECK
	☐ Intervening	_		PONDING'
	in this case I am not represen	ted by a la	nwyer.	
2.				nd case information as required by Court
				a related case, involves a protection a no-contact order, you must provide an
				at address should not be one that exposes
	your location.)		•	•
	Address: YOUR ADD	RESS		
	Email address: YOUR EMA			IF YOU HAVE AN EMAIL THAT YOU CHECK EVERY DAY AND ONLY WANT THE COURT TO SEND YOU INFORMATION VIA EMAIL, CHECK
	Phone: YOUR PHON		he above email address <mark>BER</mark>	THIS BOX
	i none.		R (IF YOU HAVE ON	

IF YOU USE THE ATTORNEY GENERAL CONFIDENTIAL ADDRESS,	OR, if in a rel	ated case, you have used the A	ttorney C	General confidential address, you may check the		
BOX BOX		Attorney General confidential	l address			
3.		_ case type as defined in Admi				
	(The Clerk will tell you the case type if you do not know it, so you may handwrite your response at the					
4.	Clerk's Office.) This case involves child support issues and the names and social security numbers of all family members are on a separately attached document marked "Not For Public Access In Accordance With Administrative Rule 9)					
5.	There are related cases: (If yes, please indicate below)					
		Yes IF THERE ARE OTHER AND FILL OUT THE BL		LATED TO THIS ONE, CHECK YES		
		No		3.5 11		
	Caption and case number of related cases:					
	Caption:			Case No.:		
	Caption:			Case No.:		
	Caption:			Case No.:		
	Additional information as required by local rule:					
II	F ADDITIONA	AL INFORMATION IS REQU	IRED BY	LOCAL COURT RULE, ADD IT HERE		
		-				
			Signatur	e		
	CERTIFICATE OF SERVICE					
or to th	I hereby certify that I sent a copy of this Appearance by first class mail to the opposing party's attorney of the opposing party if the opposing party is not represented by an attorney on					
			Signatur	e e		

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 THEOF		
Minor Child (paternity only)	FOR THE SECTION ABOVE THE DOTT! THE COURT PAPERS YOU HAVE IN YOU 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	S#YOUR SOCIAL SECURITY NUMBER
I valific.	CHILD'S NAME SS	
Name: _	OTHER PARENT'S NAME \$S	OTHER PARENT'S SOCIAL SECURITY NUMBER
Name: _	SS	5#
Name: _	SS	5#
Name: _	SS	6#

NOT FOR PUBLIC ACCESS

INSTRUCTIONS: MODIFY CHILD SUPPORT WITH AGREEMENT

~	NDIANA		THE		COURT
COUNTY O	₹)SS:) CA	USE NO		
IN RE THE _		_OF:			
Minor Child	(paternity only)	AT		ERS YOU HAV	OTTED LINE, LOOI E FROM THIS CAS ERE
Petitioner,					
v.					
Dagmandant					
Respondent.					
Modification	of Child Support, a	nd states as foll	and hereby file a Joi ows: child(ren), namely:		NOR CHILDREN YOU HA
THE NUMBER OR CHILDREN ND THE PARENT	Name	ninior c	<u>Date of</u>	<u>birth</u>	
TOGETHER HEN FILL IN			<u> </u>		
NAMES AND					
	NAME OF PERCONS	UA TE IO		AMO	JINT OF CHILD SUBBOD
NAMES AND OF BIRTH 2.	NAME OF PERSON TO ORDERERD TO PAY	CHILD SUPPORT DATE CURRE	NT CHILD SUPPORT	AMO red to pay \$ <u>ORD</u>	UNT OF CHILD SUPPOR
NAMES AND OF BIRTH 2.		CHILD SUPPORT DATE CURRE	NT CHILD SUPPORT	AMO red to pay \$ <u>ORD</u>	UNT OF CHILD SUPPOR ERED
NAMES AND OF BIRTH 2.	ORDERERD TO PAY ORDERERD OF STREET	CHILD SUPPORT DATE CURRE On BECAME EFF	NT CHILD SUPPORT	red to pay \$ <u>ORD</u>	ERED
NAMES AND OF BIRTH 2. in current chi 3.	ORDERERD TO PAY of the support effective Since that time, the	CHILD SUPPORT DATE CURRE ON BECAME EFF here has been a	NT CHILD SUPPORT ECTIVE .	red to pay \$ <u>ORD</u> tances that make	s the current
NAMES AND OF BIRTH 2. in current chi 3. order vary mo	ORDERERD TO PAY of the support effective Since that time, the street than 20% from 20%	CHILD SUPPORT DATE CURRE ON BECAME EFF here has been a what the child s	NT CHILD SUPPORT ECTIVE . change in circums	red to pay \$ ORD tances that make yould indicate should be should indicate should be should indicate should be	s the current ould be paid,
NAMES AND OF BIRTH 2. in current chi 3. order vary mo	ORDERERD TO PAY of the support effective Since that time, the ore than 20% from that and continuing a	CHILD SUPPORT DATE CURRE ON BECAME EFF here has been a what the child s	NT CHILD SUPPORT ECTIVE change in circums support guidelines w	red to pay \$ ORD tances that make yould indicate should be should indicate should be should indicate should be	s the current ould be paid,

CCA-DC-0519-1001

FILL IN THE REASON YOU BELIEVE CHILD SUPPORT SHOULD BE CHANGED				
4. Child support should be modified to reflect the substantial change in circumstances as outlined above.				
5. We have reached an agreement on child support modification and an <i>Agreed Entry</i>				
For Modification Of Child Support is filed with this petition.				
WHEREFORE, NAME OF PETITIONER and NAME OF RESPONDENT				
request that this Court modify the existing support as is appropriate and order all other further				
relief that is just and proper in the premises.				
I affirm under the penalties of perjury that the foregoing representations are true.				
raining under the penalties of perjury that the foregoing representations are true.				
AFTER YOU PRINT THIS FORM YOU MUST SIGN AND DATE IN FRONT OF A NOTARY PUBLIC				
AFTER YOU PRINT THIS FORM YOU MUST SIGN AND DATE IN FRONT OF A NOTARY PUBLIC Signature Date				
AFTER YOU PRINT THIS FORM YOU MUST SIGN AND DATE IN FRONT OF A NOTARY PUBLIC				
AFTER YOU PRINT THIS FORM YOU MUST SIGN AND DATE IN FRONT OF A NOTARY PUBLIC Signature Date STATE OF INDIANA)				
AFTER YOU PRINT THIS FORM YOU MUST SIGN AND DATE IN FRONT OF A NOTARY PUBLIC Signature Date STATE OF INDIANA)SS: COUNTY OF Definition of Indiana, personally appeared and for MPLETED BY County, State of Indiana, personally appeared				
AFTER YOU PRINT THIS FORM YOU MUST SIGN AND DATE IN FRONT OF A NOTARY PUBLIC Signature Date STATE OF INDIANA)SS: COUNTY OF Before the C CECTION Ma teary pulle in and for MDI ETED RV				
AFTER YOU PRINT THIS FORM YOU MUST SIGN AND DATE IN FRONT OF A NOTARY PUBLIC Signature Date STATE OF INDIANA)SS: COUNTY OF Definition of Indiana, personally appeared and for MPLETED BY County, State of Indiana, personally appeared he/she having been first duly swop upon this/her oath, says that the facts all alleged in the foregoing instrument are true.				
AFTER YOU PRINT THIS FORM YOU MUST SIGN AND DATE IN FRONT OF A NOTARY PUBLIC Signature Date STATE OF INDIANA)SS: COUNTY OF Before rid, S. S. C. T. O. M. a locary public in a not for MPLETED BY County, State of Indiana, personally appeared, and he/she having been first duty, swopp upon his/her oath, says that the facts all alleged in the foregoing				
AFTER YOU PRINT THIS FORM YOU MUST SIGN AND DATE IN FRONT OF A NOTARY PUBLIC Signature Date STATE OF INDIANA)SS: COUNTY OF Before the S SECTION Maneary public in and for MPLETED BY County, State of Indiana, personally appeared, and he/she having been first duly swopnupor his/her oath, says that the facts all alleged in the foregoing instrument are true. Date				
AFTER YOU PRINT THIS FORM YOU MUST SIGN AND DATE IN FRONT OF A NOTARY PUBLIC Signature Date STATE OF INDIANA)SS: COUNTY OF Beford a S SECTION Majorary public in and for MPLETED BY County, State of Indiana, personally appeared he/she inving been farsifully swappupop his/her oath, says that the facts all alleged in the foregoing instrument are true. Date Notary Public				
AFTER YOU PRINT THIS FORM YOU MUST SIGN AND DATE IN FRONT OF A NOTARY PUBLIC Signature Date STATE OF INDIANA)SS: COUNTY OF Before the S SECTION Maneary public in and for MPLETED BY County, State of Indiana, personally appeared, and he/she having been first duly swopnupor his/her oath, says that the facts all alleged in the foregoing instrument are true. Date				
AFTER YOU PRINT THIS FORM YOU MUST SIGN AND DATE IN FRONT OF A NOTARY PUBLIC Signature Date STATE OF INDIANA)SS: COUNTY OF Beford a S SECTION Majorary public in and for MPLETED BY County, State of Indiana, personally appeared he/she inving been farsifully swappupop his/her oath, says that the facts all alleged in the foregoing instrument are true. Date Notary Public				

I affirm under the penalties of perjury that the foregoing representations are true.

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AFTER YOU PRINT THIS FORM TI	HE OTHER PARTYMUST SIGN AND DATE IN FRONT OF A
NOTARY PUBLIC	
Signature	Date
STATE OF INDIANA)	
)	SS:
COUNTY OF)	
Before me County State of Indianal personally he/she having been first duly sworn upon	appeared STBE COMPLETE and BY on his/her oath, says that the facts all alleged in the foregoing
instrumentar trusARY PUI	BLIC
Date	
	Notary Public
My Commission Expires:	

STATE OF I	NDIANA	IN THE	COURT
COUNTY O	F	CASE NO	
IN RE THE _	OF:		
Minor Child	(paternity only)		OVE THE DOTTED LINE, LOOK A OU HAVE IN YOUR CASE AND TON HERE
Petitioner,			
v.			
Respondent.			
			
<u>VERI</u>	FIED AGREED ENTRY F	OR MODIFICATION O	F CHILD SUPPORT
Come	AS POW DETITIONED NAME	solf manuscantad a	m.d
	es now <u>PETITIONER NAME</u>	_	
		resented, and submit the 10	llowing terms as evidence of
•	ent in this matter: That the parties have CHILD	ER 1.11/	
1.			
	Name	Date of	
	NAMES AND BIRTH DA	ATES OF EACH MINOR (CHILD,
			AMOUNT ORDERED
2.	PERSON ORDERED TO PAY CH	HILD SUPPORT is order	red to pay \$\frac{TO PAY EACH WEEK}{}
in current chi	ld support to <u>PERSON WHO C</u>	ETS SUPPORT effect	ive on <mark>DATE OF LAST SUPPOR</mark> T ORDER
3.	Since that time, there has	been a change in circumst	tances that makes the current
order vary m	ore than 20% from what the	child support guidelines w	yould indicate should be paid,
or so substan	tial and continuing as to make	ce the terms of the current s	support order unreasonable.
4.	Child support should be me	odified to reflect the substan	ntial change in circumstances.
5.	PERSON WHO SHOULD NO	W PAY SUPPORT shall n	ow pay child support in the
amount of \$	NEW AMOUNT per	week to PERSON WHO WIL	L GET SUPPORT, effective on
Page 1 of 4	_	Approve	d by the Coalition for Court Access

www.indianalegal help.org

DATE NEW CHILD SUPPORT
SHOULD START
. (Choose an effect

and the date you are filing this *Agreed Entry* with the Court.)

6. All support payments shall be made through the County Clerk's Office (cash payments only) or the State Central Collection Unit Po box 7130, Indianapolis, Indiana 46207-7130 (any payments other than cash). The court shall issue and immediately activate an Income Withholding Order pursuant to IC § 31-16-15 to any employer or income provider to the child support Obligor.

7. Arrearages are not determined at this time and are reserved for a later date.

8. _____ shall maintain medical, dental and optical

insurance as available through employment, or Health Insurance Marketplace, or by government provided insurance for the minor child(ren).

-OR-

Health insurance for the child(ren) is not available to either parent at a reasonable cost, therefore neither party is ordered to provide health insurance at this time. In the event that health insurance for the child(ren) becomes available at a reasonably cost to one or both of the parties, the party to whom such coverage is available shall obtain coverage for the children within a reasonable time after such coverage becomes available.

PERSON WHO GETS CHILD SUPPORT 9. first FROM LINE will be responsible for ____ per year of uninsured health and medical, dental, optical, hospital CHILD Thereafter, Petitioner shall be and prescription expenses for the minor child(ren). responsible for _____ of annual uninsured health and medical, dental, optical hospital and prescription expenses for minor child(ren), and Respondent shall be responsible for ______% of annual uninsured health and medical, dental, optical hospital and prescription expenses for IF YOU AGREE THAT ONLY ONE PARENT CAN CLAIM THE CHILDREN FOR TAX minor child(ren). _ shall be entitled to claim the minor PURPOSES, CHECK THE BOX AND PUT THAT PERSON'S NAME HERE

child(ren) for federal, state, and local income tax purposes on an annual basis. The parties shall cooperate to sign all necessary documents that will allow the party claiming the exemption to do so.

The non-custodial parent's right to this exemption is conditioned on them being 95% compliant in their support by January 31 of their tax year pursuant to IC § 31-16-6-1.5(d). The Page 2 of 4

Approved by the Coalition for Court Access

#8, IF ONE
PARENT WILL
CARRY
INSURANCE
FOR THE
CHILDREN,
CHECK THE
FIRST BOX AND
FILL IN THAT
PARENT'S
NAME. IF
INSURANCE IS
NOT
AVAILABLE,
CHECK THE
SECOND BOX

IN PARAGRAPH

LOOK AT THE
CHILD
SUPPORT
WORKSHEET,
THERE IS AN
AMOUNT ON
LINE A
UNDER
UNINSURED
HEALTH
CARE
EXPENSES,
PUT THAT
AMOUNT

custodial parent shall take all actions necessary to release their claim to the exemption in the manner required under Section 152(e) of the Internal Revenue Code.

-OR-

Petitioner and Respondent shall each be entitled to claim the minor child(ren) AGR				
THA	AT EAC			
for federal, state and local income tax purposes in alternating years. Petitioner shall be entitled to should be entitled to				
claim the minor child(ren) in the year, and every year thereafter. Respondent CHILI				
shall be entitled to claim the minor child(ren) in the year and every year for	R TAX RPOSES.			
thereafter. The parties shall cooperate to sign all necessary documents that will allow the party CHE	ECK THI K AND			
claiming the exemption to do so.	L IN THE			
The non-custodial parent's right to this exemption is conditioned on them being 95% SELI	ECT EN' OR			
compliant in their support by January 31 of their tax year pursuant to I § 31-16-6-1.5(d). The	D.'			
custodial parent shall take all actions necessary to release their claim to the exemption in the				
manner required under Section 152(e) of the Internal Revenue Code.				
11. Parties waive their right to a hearing.				
WHEREFORE, PETITIONER'S NAME and RESPONDENT'S NAME				
request that this Court modify the existing child support obligation and order all further relief				
that is just and proper in the premises.				
I affirm under penalties for perjury that the foregoing representations and statements are true.				
AFTER YOU PRINT THIS FORM, YOU MUST SIGN AND DATE IT IN FRONT OF A NOTARY				
Signature Date				
STATE OF INDIANA				
COUNTY OF				
Before THIS SECTION USATE BE Indianal Presonally Depresonal and he/she having been first duly sworn upon his/her				
oath say that the har all alleged in the foregoing instrument are true.				
Date				
Notary Public				
My Commission Eynings				
My Commission Expires: Page 3 of 4 Approved by the Coalition for Court Access CCA-DC-0919-1002 www.indianalegalhelp.org				

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

AFTER YOU PRINT THIS FORM, IT	MUST BE SIGNED AND DATED BY THE OTHER PAR
Signature	Date
STATE OF INDIANA	
COUNTY OF	
Before me,County,	a notary public in and for State of Indiana, personally appeared
oath, says that the facts all alleged in the for	I and the specific participants of the property of the propert
Date OTARY PUBLIC	
	Notary Public
My Commission Expires:	
SO ORDERED LEAVE BLANK	
	LEAVE BLANK
	Judicial Officer
Distribution:	
YOUR NAME AND ADDRESS	OTHER PARTY'S NAME AND ADDRESS