

**INSTRUCTIONS: MODIFY CHILD SUPPORT WITH AGREEMENT**

STATE OF INDIANA ) IN THE \_\_\_\_\_ COURT  
 )SS:  
COUNTY OF \_\_\_\_\_ ) CASE NO. \_\_\_\_\_

IN RE THE \_\_\_\_\_ OF:

\_\_\_\_\_  
Minor Child (*paternity only*)

**FOR THE SECTION ABOVE THE DOTTED YELLOW LINE  
LOOK AT THE COURT PAPERS YOU HAVE IN THIS CASE  
AND COPY THE INFORMATION HERE**

\_\_\_\_\_  
Petitioner,

v.

\_\_\_\_\_  
Respondent

**APPEARANCE BY UNREPRESENTED PERSON IN CIVIL CASE**

**This Appearance Form must be filed on behalf of every party in a civil case.**

1. My name is **YOUR NAME HERE** \_\_\_\_\_ and I am:

- Initiating (filing)
- Responding (answering or defending)
- Intervening

**IF YOUR NAME IS ABOVE 'PETITIONER',  
CHECK 'INITIATING' IF YOUR NAME IS  
ABOVE RESPONDENT, CHECK  
'RESPONDING'**

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 HAVE AN EMAIL THAT YOU CHECK  
EVERY DAY AND ONLY WANT THE COURT TO  
SEND YOU INFORMATION VIA EMAIL, CHECK  
THIS BOX**

~~I will accept service at the above email address.~~

Phone: **YOUR PHONE NUMBER** \_\_\_\_\_

Fax: **YOUR FAX NUMBER (IF YOU HAVE ONE)** \_\_\_\_\_

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 \_\_\_\_\_ case type as defined in Administrative Rule 8(B)(3).  
*(The Clerk will tell you the case type if you do not know it, so you may handwrite your response at the Clerk's Office.)*
- 4. 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 CASES RELATED TO THIS ONE, CHECK YES AND FILL OUT THE BLANKS BELOW**
  - No

Caption and case number of related cases:

Caption: \_\_\_\_\_ Case No.: \_\_\_\_\_

Caption: \_\_\_\_\_ Case No.: \_\_\_\_\_

Caption: \_\_\_\_\_ Case No.: \_\_\_\_\_

Additional information as required by local rule:

**IF ADDITIONAL INFORMATION IS REQUIRED BY LOCAL COURT RULE, ADD IT HERE**

\_\_\_\_\_  
Signature

CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of this Appearance by first class mail to the opposing party's attorney, or to the opposing party if the opposing party is not represented by an attorney on

\_\_\_\_\_.

\_\_\_\_\_  
Signature



**INSTRUCTIONS: MODIFY CHILD SUPPORT WITH AGREEMENT**

STATE OF INDIANA ) IN THE \_\_\_\_\_ COURT  
 )SS:  
COUNTY OF \_\_\_\_\_ ) CAUSE NO. \_\_\_\_\_

IN RE THE \_\_\_\_\_ OF:

\_\_\_\_\_  
Minor Child (*paternity only*)

**FOR THE SECTION ABOVE THE DOTTED LINE, LOOK AT THE COURT PAPERS YOU HAVE FROM THIS CASE AND COPY THE INFORMATION HERE**

\_\_\_\_\_  
Petitioner,

v.

\_\_\_\_\_  
Respondent.

**JOINT VERIFIED PETITION FOR MODIFICATION OF CHILD SUPPORT**

Comes now **NAME OF PETITIONER**, self represented, and

**NAME OF RESPONDENT**, self represented, and hereby file a Joint Verified Petition For

Modification of Child Support, and states as follows:

**NUMBER OF MINOR CHILDREN YOU HAVE WITH THE OTHER PARENT**

**1**  
**INSERT THE NUMBER OF MINOR CHILDREN YOU AND THE OTHER PARENT HAVE TOGETHER AND THEN FILL IN THEIR NAMES AND DATES OF BIRTH**

That parties have **<** minor child(ren), namely:

**Name**

**Date of birth**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. **NAME OF PERSON THAT IS ORDERERD TO PAY CHILD SUPPORT** is ordered to pay \$ **AMOUNT OF CHILD SUPPORT ORDERED**

in current child support effective on **DATE CURRENT CHILD SUPPORT BECAME EFFECTIVE**.

3. Since that time, there has been a change in circumstances that makes the current order vary more than 20% from what the child support guidelines would indicate should be paid, or so substantial and continuing as to make the terms of the current support order unreasonable for the following reasons:

**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 *Agreed Entry 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.**

**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 me, \_\_\_\_\_ a notary public in and for \_\_\_\_\_ County, State of Indiana, personally appeared \_\_\_\_\_, and he/she having been first duly sworn upon his/her oath, says that the facts all alleged in the foregoing instrument are true.

Date \_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

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

AFTER YOU PRINT THIS FORM THE OTHER PARTY MUST SIGN AND DATE *IN FRONT OF A NOTARY PUBLIC*

Signature \_\_\_\_\_

Date \_\_\_\_\_

STATE OF INDIANA )

)SS:

COUNTY OF \_\_\_\_\_ )

Before me \_\_\_\_\_ a notary public in and for \_\_\_\_\_  
County, State of Indiana, personally appeared \_\_\_\_\_, and  
he/she having been first duly sworn upon his/her oath, says that the facts all alleged in the foregoing  
instrument are true.

Date \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

STATE OF INDIANA IN THE \_\_\_\_\_ COURT  
COUNTY OF \_\_\_\_\_ CASE NO. \_\_\_\_\_  
IN RE 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,

v.  
\_\_\_\_\_  
Respondent.

**VERIFIED AGREED ENTRY FOR MODIFICATION OF CHILD SUPPORT**

Comes now PETITIONER NAME, self represented, and RESPONDENT NAME, self represented, and submit the following terms as evidence of their agreement in this matter:

1. That the parties have NUMBER MINOR CHILDREN minor child(ren), namely:

<u>Name</u>	<u>Date of birth</u>
<u>NAMES AND BIRTH DATES OF EACH MINOR CHILD</u>	
_____	_____
_____	_____
_____	_____

2. PERSON ORDERED TO PAY CHILD SUPPORT is ordered to pay \$ AMOUNT ORDERED TO PAY EACH WEEK in current child support to PERSON WHO GETS SUPPORT effective on DATE OF LAST SUPPORT ORDER

3. Since that time, there has been a change in circumstances that makes the current order vary more than 20% from what the child support guidelines would indicate should be paid, or so substantial and continuing as to make the terms of the current support order unreasonable.

4. Child support should be modified to reflect the substantial change in circumstances.

5. PERSON WHO SHOULD NOW PAY SUPPORT shall now pay child support in the amount of \$ NEW AMOUNT per week to PERSON WHO WILL GET SUPPORT, effective on

**DATE NEW CHILD SUPPORT SHOULD START**

\_\_\_\_\_ . (Choose an effective date between the date you filed your petition 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 reasonable 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.

9. **PERSON WHO GETS CHILD SUPPORT** \_\_\_\_\_ will be responsible for the first \$ \_\_\_\_\_ per year of uninsured health and medical, dental, optical, hospital and prescription expenses for the minor child(ren). Thereafter, Petitioner shall be 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 minor child(ren).

10.  \_\_\_\_\_ shall be entitled to claim the minor 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

IN PARAGRAPH #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

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

FROM LINE B OF THE CHILD SUPPORT WORKSHEET

IF YOU AGREE THAT ONLY ONE PARENT CAN CLAIM THE CHILDREN FOR TAX PURPOSES, CHECK THE BOX AND PUT THAT PERSON'S NAME HERE





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 PARTY**

Signature \_\_\_\_\_

Date \_\_\_\_\_

STATE OF INDIANA

COUNTY OF \_\_\_\_\_

Before me, \_\_\_\_\_ a notary public in and for \_\_\_\_\_ County, State of Indiana, personally appeared \_\_\_\_\_ and he/she having been first duly sworn upon his/her oath, says that the facts all alleged in the foregoing instrument are true.

Date \_\_\_\_\_ **NOTARY 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** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_