

INSTRUCTIONS: MODIFY CHILD SUPPORT BECAUSE OF EMANCIPATION WITHOUT 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

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 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

vs.

Respondent

CIVIL APPEARANCE FORM

Social security numbers of all family members in cases involving child support

Name: YOUR NAME SS# YOUR SOCIAL SECURITY NUMBER

Name: CHILD'S NAME SS# CHILD'S SOCIAL SECURITY NUMBER

Name: OTHER PARENT'S NAME SS# OTHER PARENT'S SOCIAL SECURITY NUMBER

Name: _____ SS# _____

Name: _____ SS# _____

Name: _____ SS# _____

NOT FOR PUBLIC ACCESS

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 LINE LOOK AT THE COURT PAPERS YOU HAVE IN THIS CASE AND COPY THE INFORMATION HERE

Petitioner,

v.

Respondent.

VERIFIED PETITION TO MODIFY CHILD SUPPORT DUE TO EMANCIPATION OF MINOR CHILD(REN)

Comes now YOUR NAME, self represented, and hereby files a Verified Petition To Modify Child Support Due to Emancipation of Minor Child(ren), and states as follows:

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

Name

Date of birth

NAMES AND DATES OF BIRTH OF MINOR CHILDREN YOU HAVE WITH THE OTHER PARTY

2. On DATE OF CHILD SUPPORT ORDER, this Court ordered that PERSON ORDERED TO PAY CHILD SUPPORT

pay child support to PERSON WHO GETS CHILD SUPPORT in the weekly amount of

AMOUNT OF ORDERED SUPPORT for the above name child(ren) effective on DATE CURRENT ORDER WAS EFFECTIVE.

3. The following child(ren) is/are emancipated:

CHILD THE COURT SHOULD FIND TO BE EMANCIPATED

4. The reason that my child(ren) is/are emancipated as follows:

FOR PARAGRAPH 4,
SELECT THE BOX
IN FRONT OF EACH
STATEMENT THAT
APPLIES TO THE
EMANCIPATED
CHILD. THEN FILL
IN THE BLANK
WITH THE CHILD'S
NAME.

- _____ has turned nineteen (19) years of age.
- _____ is at least eighteen (18) years of age; has not attended secondary or post-secondary school for the past four (4) months and is not enrolled in a secondary or post-secondary school; and is or is capable of supporting himself/herself through employment.
- _____ has joined the United States armed services.
- _____ has married.
- _____ is not under the care or control of either parent nor an individual or agency approved by the court.

5. The date upon which my child(ren) became emancipated was DATE EMANCIPATED

6. My child support obligation should be modified because of the emancipation of my child(ren), CHILD WHO SHOULD BE EMANCIPATED.

7. The modification of my support obligation should be retroactive to the date(s) stated in Paragraph 5, above.

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

9. YOUR NAME requests the Court address the tax exemption assignment.

10. I therefore ask the Court to set this matter for hearing to determine if my child support payment should be modified.

WHEREFORE, YOUR NAME requests that this Court set this matter for hearing for the purpose of declaring my child(ren) emancipated, modifying my child support obligation, 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.

PRINT THIS FORM AND THEN SIGN AND DATE ON THESE LINES

Signature _____ Date _____

YOUR NAME
Printed Name _____

CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of this Verified Petition To Modify Child Support Due To Emancipation Of Minor Child(ren) by first class mail to the opposing attorney, or the opposing party if the opposing party is not represented by an attorney, on DATE SENT TO OTHER PARTY.

PRINT THIS FORM AND THEN SIGN HERE

Signature

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

IN RE THE _____ OF:

Minor Child (*paternity only*)

Petitioner,

v.

Respondent.

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

ORDER SETTING HEARING

Comes now YOUR NAME, pro se, having filed a Verified Petition To Modify Child Support Due To Emancipation Of Minor Child(ren), and the Court finds that the matter should be set for hearing.

IT IS THEREFORE ORDERED that this matter shall be heard on

LEAVE BLANK

LEAVE BLANK

Date

LEAVE BLANK

Judicial Officer

The Clerk shall serve this pleading upon _____ by certified mail at the following address (this requires an additional fee payable to the Clerk):

SELECT HOW YOU WOULD LIKE THE OTHER PARTY TO RECEIVE THESE DOCUMENTS, THEN FILL IN THE OTHER PARTY'S NAME AND ADDRESS. FEES MAY APPLY

The Clerk shall have this pleading served upon _____ by _____ sheriff at the following address:

Distribution:

PETITIONER

RESPONDENT

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 LINE LOOK AT THE COURT PAPERS YOU HAVE IN THIS CASE AND COPY THE INFORMATION HERE

Petitioner,

v.

Respondent

ORDER GRANTING MODIFICATION OF CHILD SUPPORT DUE TO EMANCIPATION OF MINOR CHILD(REN)

Comes now, YOUR NAME, self represented, having filed a *Verified Petition to Modify Child Support Due to Emancipation of Minor Child(ren)*. The Court, having read said pleading and held a hearing on the matter, now finds that the child support obligation should be modified because of the emancipation of the minor child(ren).

IT IS THEREFORE ORDERED that:

1. CHILD'S NAME was emancipated on DATE EMANCIPATED
2. PERSON WHO SHOULD BE ORDERED TO PAY CHILD SUPPORT is to pay child support in the amount of \$ LEAVE BLANK per week, effective on DATE OF EMANCIPATION.
3. 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.
4. Arrearages are not determined at this time and are reserved for a later date.
5. LEAVE BLANK 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.

6. _____ 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 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.

LEAVE THIS PAGE BLANK

-OR-

Petitioner and Respondent shall each be entitled to claim the minor child(ren) for federal, state and local income tax purposes in alternating years. Petitioner shall be entitled to claim the minor child(ren) in the year _____, and every _____ year thereafter. Respondent shall be entitled to claim the minor child(ren) in the year _____ and every _____ year thereafter. 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 I § 31-16-6-1.5(d). The 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.

7. _____ 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).

So ordered LEAVE BLANK

LEAVE BLANK

Judicial Officer

Distribution:
PETITIONER
RESPONDENT