

INSTRUCTIONS: MODIFY CHILD SUPPORT 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

STATE OF INDIANA) IN THE _____ COURT
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Respondent.

VERIFIED PETITION FOR MODIFICATION OF CHILD SUPPORT

Comes now **YOUR FULL NAME**, self represented, and hereby files a Verified Petition
For Modification of Child Support, and states as follows:

1. That parties have **NUMBER OF CHILDREN YOU HAVE WITH THE OTHER PARENT** minor child(ren), namely:

Name

Date of birth

NAMES AND DATES OF BIRTH OF EACH CHILD YOU HAVE WITH THE OTHER PARENT

2. **PERSON ORDERED TO PAY CHILD SUPPORT** is ordered to pay \$ **AMOUNT ORDERED TO BE PAID** in
current child support effective on **DATE CURRENT CHILD SUPPORT TOOK EFFECT**

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:

DESCRIBE THE CHANGE IN CIRCUMSTANCES THAT CAUSED YOU TO ASK FOR A CHILD SUPPORT MODIFICATION

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

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

6. **YOUR NAME** requests the Court address the tax exemption assignment.

7. A hearing should be set to determine if child support should be changed.

WHEREFORE, **YOUR NAME** requests that this Court set this matter for hearing, and upon hearing, modify the existing child 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.

PRINT THIS FORM AND THEN SIGN AND DATE IT HERE

Signature

Date

YOUR NAME

Printed Name

CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of tis Petition 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 IT HERE

Signature

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

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

ORDER SETTING HEARING

Comes now **FULL NAME**, pro se, having filed a Verified
Petition For Modification Of Child Support, 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):

CHOOSE HOW YOU WANT THE
OTHER PARTY TO RECEIVE
THESE DOCUMENTS: EITHER
BY CERTIFIED MAIL OR BY
SHERIFF. THERE MAY BE
COSTS ASSOCIATED WITH
EACH TYPE OF SERVICE.

FILL IN THE OTHER PARTY'S
NAME AND ADDRESS AFTER
YOU CHOOSE HOW THE OTHER
PERSON WILL BE SERVED.

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

Distribution:
PETITIONER'S NAME

RESPONDENT'S NAME

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

Minor Child (*paternity only*)

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Petitioner,

v.

Respondent

ORDER FOR MODIFICATION OF CHILD SUPPORT

Comes now, **FULL NAME**, self represented, having filed a *Verified Petition For Modification Of Child Support* and the Court having been duly advised in the premises, now finds that there has been a change in circumstances so substantial and continuing as to make the terms of the current child support order unreasonable, and that the child support order should be modified to reflect the substantial change in circumstances.

IT IS THEREFORE ORDERED that:

1. _____ is to pay child support in the amount of \$ _____ per week, effective on _____.

2. 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.

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

4. _____ shall maintain medical, dental and optical insurance as available through employment, or Health Insurance Marketplace, or by government provided insurance

LEAVE THIS SECTION BLANK

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

-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.

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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