# INSTRUCTIONS: MODIFY CHILD SUPPORT WITH AGREEMENT

STATE OF INDIAN	,	IN THE	COURT
COUNTY OF	)SS: )	CASE NO.	
IN RE THE	OF:		
Minor Child (patern)			
			BOVE THE DOTTED YELLOW LINE T PAPERS YOU HAVE IN THIS CASE ORMATION HERE
Petitioner,			
v.			
Respondent			
APP	EARANCE BY UNR	EPRESENTED PERSO	 DN IN CIVIL CASE
This App	pearance Form must	be filed on behalf of ev	ery party in a civil case.
My name is YOU	UR NAME HERE	and I am:	
☐ In	itiating (filing)	The state of the s	UR NAME IS ABOVE 'PETITIONER',
□ R	esponding (answering	1 - C 1! \	K 'INITIATING' IF YOUR NAME IS 'E RESPONDENT, CHECK
□ In	tervening		ONDING'
	not represented by a la	iwyer.	
			d case information as required by Court
			a related case, involves a protection
y .	·	<u> </u>	no-contact order, you must provide an taddress should not be one that exposes
your location.)	in pose of regar service	og documents. But, that	dual ess should not se one that exposes
Address:	OUR ADDRESS		
Email address:	OUR EMAIL		IF YOU HAVE AN EMAIL THAT YOU CHECK EVERY DAY AND ONLY WANT THE COURT TO
		he above email address.	SEND YOU INFORMATION VIA EMAIL, CHECK THIS BOX
i none.	OUR PHONE NUME		
Fax:	<u>(OUR FAX NUMBEI</u>	<u>R (IF YOU HAVE O</u> NE)	)

1.

2.

IF YOU USE THE ATTORNEY GENERAL CONFIDENTIAL ADDRESS.	OR, if in a rel box below:	ated case, you have used the Attor	ney General confidential address, you may check the
CHECK THIS BOX	$\rightarrow$	Attorney General confidential ad	dress
3.		_ case type as defined in Adminis	
			ot know it, so you may handwrite your response at the
4.		olves child support issues and the son a separately attached document	names and social security numbers of all family marked "Not For Public Access In Accordance With
5.		ted cases: (If yes, please indicate in	pelow)
			SES RELATED TO THIS ONE, CHECK YES
		AND FILL OUT THE BLAN No	KS BELOW
		110	
	Caption and c	ase number of related cases:	
	Caption:		Case No.:
	Caption:		Case No.:
	Caption:		Case No.:
	Additi	onal information as required by lo	cal rule:
TF	F ADDITION A	L INFORMATION IS REQUIRE	ED BY LOCAL COURT RULE, ADD IT HERE
	TIDDITION.		is by Eoch Cook Roll, rish if filled
		Sig	nature
		<u>CERTIFICAT</u>	E OF SERVICE
or to th		ry that I sent a copy of this Appear rty if the opposing party is not rep	rance by first class mail to the opposing party's attorney resented by an attorney on
		·	
		Sig	nature

# 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 D THE COURT PAPERS YOU HAVE I 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	5#YOUR SOCIAL SECURITY NUMBER
I valific.	CHILD'S NAME SS	
Name: _	OTHER PARENT'S NAME \$S	OTHER PARENT'S SOCIAL SECURITY NUMBER
Name: _	SS	S#
Name: _	SS	5#
Name: _	SS	5#

## **NOT FOR PUBLIC ACCESS**

## INSTRUCTIONS: MODIFY CHILD SUPPORT WITH AGREEMENT

~	NDIANA		THE		COURT
COUNTY O	<u> </u>	)SS: ) CA	USE NO		
IN RE THE _		_OF:			
Minor Child	(paternity only)	AT		PERS YOU HA	OOTTED LINE, LOOI VE FROM THIS CAS IERE
Petitioner,					
v.					
Respondent.					
Modification	of Child Support, a	nd states as foll	and hereby file a Joi lows: child(ren), namely:		IINOR CHILDREN YOU HA
THE NUMBER OR CHILDREN ND THE PARENT	Name	mmor v	Date of	<u>birth</u>	
TOGETHER HEN FILL IN					
NAMES AND	-				
	NAME OF PERSON T	U.A.T. I.O.			IOUNT OF CUIL D CUIDDOD
NAMES AND OF BIRTH 2.	NAME OF PERSON TO ORDERERD TO PAY	CHILD SUPPORT DATE CURRE	NT CHILD SUPPORT	ered to pay \$\frac{AM}{OR}	OUNT OF CHILD SUPPOR
NAMES AND OF BIRTH 2.		CHILD SUPPORT DATE CURRE	NT CHILD SUPPORT	ered to pay \$_ <mark>OR</mark>	OUNT OF CHILD SUPPOR DERED
NAMES AND OF BIRTH 2.	ORDERERD TO PAY ORDERERD OF STREET	CHILD SUPPORT DATE CURRE On BECAME EFF	NT CHILD SUPPORT	ered to pay \$ <u>OR</u>	<u>DERED</u>
NAMES AND OF BIRTH  2. in current chi 3.	ORDERERD TO PAY of the support effective  Since that time, the support of the sup	CHILD SUPPORT DATE CURRE ON BECAME EFF here has been a	NT CHILD SUPPORT ECTIVE .	ered to pay \$ <u>OR</u>	tes 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 pre than 20% from the support of t	CHILD SUPPORT DATE CURRE ON BECAME EFF here has been a what the child s	NT CHILD SUPPORT  ECTIVE  change in circums	ered to pay \$ OR stances that make would indicate s	tes the current hould 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 v	ered to pay \$ OR stances that make would indicate s	tes the current hould be paid,

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	rt should be modified to reflect the substantial change in
circumstances as outlined above.	
5. We have reach	ed an agreement on child support modification and an Agreed Entry
For Modification Of Child Sup	pport is filed with this petition.
WHEREFORE, NAMI	E OF PETITIONER and NAME OF RESPONDENT
request that this Court modify	y the existing support as is appropriate and order all other further
equest that this court moun.	y the existing support as is appropriate and order an other further
1. 6.4	.1
relief that is just and proper in	the premises.
, , ,	the premises.  nalties of perjury that the foregoing representations are true.
I affirm under the pe	nalties of perjury that the foregoing representations are true.
I affirm under the pe	•
I affirm under the pe	orm YOU MUST SIGN AND DATE IN FRONT OF A NOTAR
I affirm under the pe	nalties of perjury that the foregoing representations are true.  ORM YOU MUST SIGN AND DATE IN FRONT OF A NOTAR  Date  )
I affirm under the peraffer YOU PRINT THIS For Signature STATE OF INDIANA	nalties of perjury that the foregoing representations are true.  ORM YOU MUST SIGN AND DATE IN FRONT OF A NOTAR  Date  )
I affirm under the peraperate of the peraperate	nalties of perjury that the foregoing representations are true.  ORM YOU MUST SIGN AND DATE IN FRONT OF A NOTAR  Date  )
I affirm under the peraffer YOU PRINT THIS For Signature STATE OF INDIANA	nalties of perjury that the foregoing representations are true.  ORM YOU MUST SIGN AND DATE IN FRONT OF A NOTAR  Date  ) )SS:)
I affirm under the per AFTER YOU PRINT THIS F Signature STATE OF INDIANA COUNTY OF Before me, County, State of Indiana, per	Date a notary public in and for, and, and, and, and, and, and, and, and, and
I affirm under the per AFTER YOU PRINT THIS F Signature STATE OF INDIANA COUNTY OF Before me, County, State of Indiana, per he/she having been first duly sy	nalties of perjury that the foregoing representations are true.  ORM YOU MUST SIGN AND DATE IN FRONT OF A NOTAR  Date  ) )SS:)
I affirm under the per AFTER YOU PRINT THIS F Signature STATE OF INDIANA COUNTY OF Before me, County, State of Indiana, per	Date a notary public in and for, and, and
I affirm under the per AFTER YOU PRINT THIS F Signature STATE OF INDIANA COUNTY OF Before me, County, State of Indiana, per he/she having been first duly sy	nalties of perjury that the foregoing representations are true.  ORM YOU MUST SIGN AND DATE IN FRONT OF A NOTAR  Date    Date

My Commission Expires:

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

i aim in under the penalties of per	i jui y that the foregoing representations are true.
AFTER YOU PRINT THIS FORM THE O	OTHER PARTYMUST 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
	ared, and
he/she having been first duly sworn upon his	s/her oath, says that the facts all alleged in the foregoing
instrument are true.	
Date	
	Notary Public
My Commission Expires:	

STAT	TE OF INDIANA	)	IN THE		COURT
COU	NTY OF	)SS: )	CASE NO		
IN RI	E THE	OF:			
				ON ABOVE THE DOT	
Mino	r Child (paternity only)			Y THE INFORMATIO	
Petitio	oner,				
v.					
Respo	ondent.				
	AGREED ENTI	RY FOR MO	DIFICATION O	F CHILD SUPPORT	
	Comes now NAME O				
NAM	ME OF RESPONDENT	, self repres	ented, and submit	the following terms as	evidence of
their a	agreement in this matter:			HAVE WIT	OF MINOR CHILDREN YO
	-	s have	minor child(ren),	namely:	
NSERT THE NUM CHILDREN YOU A	AND		<u>D</u>	ate of birth	
THE OTHER PARTIAVE TOGETHEI	R AND				
HEN FILL IN TH JAMES AND DAT BIRTH					
	NAME OF PERSON T 2. SUPPORT	HAT IS ORDERE	D TO PAY CHILD	AMOUS ordered to pay \$ ORDE	UNT OF CHILD SUPPORT
in cur		SON WHO RECEI	VES CHILD		ENT CHILD SUPPORT
	3. Since that time	, there has be	en a change in ci	rcumstances that makes	s the current
order	vary more than 20% from	m what the ch	ild support guidel	ines would indicate sho	ould be paid,
or so	substantial and continuin	ng as to make t	the terms of the cu	rrent support order unre	easonable.
				substantial change in cir	cumstances.
	5. <u>BE ORDEREI</u>	RSON WHO SHO O TO PAY CHILD	SUPPORT S	hall now pay child suj	pport in the
amou	nt of \$\frac{AMOUNT OF NEW}{SUPPORT}	per we	eek to <u>CHILD SUPP</u>		effective on
Page 1	1 of 4		Approve	ed by the Coalition for C	Court Access

	BE EFFECTIVE . (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	
IN PARAGRAPH	support Obligor.	
#8, SELECT ONL	7. Arrearages are not determined at this time and are reserved for a later date.	
ONE OF THE BOXES. IF		
ONE PARTY		
MAINTAIN	insurance as available through employment, or Health Insurance Marketplace, or by government	
FOR THE	pro trava montanto ror uno minior dimidiranji	
CHILDREN, CHECK THE	-OR-	
AND FILL IN	Health insurance for the child(ren) is not available to either parent at a	
NAME. IF	reasonable cost, therefore neither party is ordered to provide health insurance at this time. In the	
NOT NOT	event that health insurance for the child(ren) becomes available at a reasonably cost to one or	
AVAILABLE, CHECK THE	both of the parties, the party to whom such coverage is available shall obtain coverage for the	
SECOND BOX	children within a reasonable time after such coverage becomes available.	
LOOK AT THI	9. NAME OF PERSON WHO GETS CHILD SUPPORT will be responsible for the first	
SUPPORT WORKSHEET	<u> </u>	
AMOUNT ON LINE A	y and prescription expenses for the minor child(ren). Thereafter, Petitioner shall be FRC	OM LINE B
UNDER UNINSURED	responsible for <del>% of annual uninsured health and medical, dental, optical hospital and CHI</del>	
HEALTH CARE	prescription expenses for minor child(ren), and Respondent shall be responsible for of wo	RKSHEET
EXPENSES. PUT THAT	annual uninsured health and medical, dental, optical hospital and prescription expenses for minor  IF YOU AGREE THAT ONLY ONE PARENT CAN	
AMOUNT HERE.	child(ren).  CLAIM THE CHILDREN FOR TAX PURPOSES, CHECK THIS BOX AND PUT THAT PARENT'S.  shall be entitled to claim the minor	
	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 exetedial moment's might to this exemption is conditioned on them being 05%	
	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	

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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 Re	IF YO spondent shall each be entitled to claim the minor child(ren) EACH
for federal, state and local income ta	PARE SHOU IX purposes in alternating years. Petitioner shall be entitled to ABLE
claim the minor child(ren) in the year	r, and every year thereafter. Respondent CLAI
shall be entitled to claim the minor	child(ren) in the year and every year pure
thereafter. The parties shall cooperate	ate to sign all necessary documents that will allow the partyoth
claiming the exemption to do so.	CHEC BOX
The non-custodial parent's	right to this exemption is conditioned on them being 95% YEA
compliant in their support by Janua	ary 31 of their tax year pursuant to I § 31-16-6-1.5(d). The EVE
custodial parent shall take all actio	ns 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 rig	ght to a hearing.
WHEREFORE, PETITIONER'S	NAME and RESPONDENT'S NAME
	cisting child support obligation and order all further relief
that is just and proper in the premise	s.
I affirm under the penalties	s of perjury that the foregoing representations are true.
AFTER YOU PRINT THIS FOR	M, YOU MUST SIGN AND DATE IN FRONT OF A NOTAR
Signature	Date
STATE OF INDIANA	) )SS:
COUNTY OF	_)
Cou	a notary public in and for inty, State of Indiana, personally appeared, and he/she having been first duly sworn upon his/her
oath, says that the facts all alleged in	
Data	
Date	Notary Public
My Commission Expires:	
wry Commission Expires.	<del></del>
Page 2 of 4	Approved by the Coalition for Court Access

Approved by the Coalition for Court Access CCA-DC-0519-1002

## 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 FR
<u>A NOTARY</u>	
Signature	Date
STATE OF INDIANA ) )SS:	
COUNTY OF)	
County,	a notary public in and for 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 for	
Date	
	Notary Public
My Commission Expires:	

STATE OF INDIANA	)	IN THE		_ COURT
COUNTY OF	)SS: _ )	CASE NO		
IN RE THE	OF:			
Minor Child (paternity only)		AT THE OTHE	TION ABOVE THE DOTTE OR COURT PAPERS YOU H OPY THE INFORMATION H	AVE IN THIS
Petitioner,				
v.				
Respondent				
ORDER FOR M	10DIF	ICATION OF CHI	LD SUPPORT	
REGROUDENTIC MANGE		NAME,	self represented,  Agreed Entry For Modification	and
Child Support and the Court havin	-			·
been a change in circumstances so	- substan	tial and continuing a	s to make the terms of the cu	rrent
child support order unreasonable, a	nd that t	he child support orde	er should be modified to reflec	et the
substantial change in circumstances	S.			
IT IS THEREFORE ORDE	RED th	at:		
1. NA <mark>me of person orderi</mark>	ED TO PA	Y CHILD SUPPORT i	s to pay child support	to
PERSON TO RECEIVE CHILD SUPPORT	i	n the amount of \$_	NEW AMOUNT ORDERED per w	eek,
effective on _DATE NEW SUPPORT SHO	<mark>OULD B</mark> E	<u>E</u> FFECTIVE		
3. All support paymen	nts shal	be made through	the County Clerk's Office (	cash
payments only) or the State Centra	al Colle	ction Unit Po box 7	130, Indianapolis, Indiana 46	207-
7130 (any payments other than cas	h). The	court shall issue an	d immediately activate an Inc	come
Withholding Order pursuant to IC	§ 31-16	6-15 to any employe	er or income provider to the	child
support Obligor.				
4. Arrearages are not d	etermin	ed at this time and a	re reserved for a later date.	
Page 1 of 3			Approved by the Coalition fo	r Court Access

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CHECK THIS BOX AND INSERT THE NAME OF THE PERSON THAT WILL MAINTAIN DISLIPANCE FOR THE CHILDREN. IF	
INSURANCE FOR THE CHILDREN. IF NEITHER PARENT WILL, CHECK THE BOX	
5. BELOW. THIS SHOULD MATCH THE AGREED 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.	
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(a) of the Internal Revenue Code	PARAGRAPH 6 CHECK THE
$\sim$	BOXES AND FILL IN THE
Petitioner and Respondent shall each be entitled to claim the minor child(ren)	BLANKS THE WAY YOU DIE IN PARAGRAP 10 OF THE
	AGREED ENTE
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	

manner required under Section 152(e) of the Internal Revenue Code.	
7. PERSON THAT WILL RECEIVE CHILD SUPPORT will be responsible for the first 7,	OR PARAGRAP FILL IN THE
\$ annual uninsured health and medical, dental, optical, hospital and prescription w	LANKS THE AY YOU DID I
expenses for the minor child(ren). Thereafter, Petitioner shall be responsible for of annual	ARAGRAPH 9 C HE AGREED NTRY ABOVE
uninsured health and medical, dental, optical hospital and prescription expenses for minor	VIKI ABOVE
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 orderedLEAVE BLANK	
LEAVE BLANK Judicial Officer	
Distribution:	

custodial parent shall take all actions necessary to release their claim to the exemption in the