

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

 Minor Child (*paternity only*)

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

 Petitioner,

v.

 Respondent.

AGREED ENTRY FOR MODIFICATION OF CHILD SUPPORT

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

1. That the parties have _____ minor child(ren), namely:

NUMBER OF MINOR CHILDREN YOU HAVE WITH THE OTHER PARENT

INSERT THE NUMBER OF CHILDREN YOU AND THE OTHER PARTY HAVE TOGETHER AND THEN FILL IN THEIR NAMES AND DATES OF BIRTH

<u>Name</u>	<u>Date of birth</u>
_____	_____
_____	_____
_____	_____

2. NAME OF PERSON THAT IS ORDERED TO PAY CHILD SUPPORT is ordered to pay \$ AMOUNT OF CHILD SUPPORT ORDERED in current child support to PERSON WHO RECEIVES 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.

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

5. NAME OF PERSON WHO SHOULD NOW BE ORDERED TO PAY CHILD SUPPORT shall now pay child support in the amount of \$ AMOUNT OF NEW SUPPORT per week to PERSON WHO SHOULD NOW RECEIVE CHILD SUPPORT, effective on _____.

DATE NEW SUPPORT SHOULD 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 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.

9. NAME OF 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). IF YOU AGREE THAT ONLY ONE PARENT CAN CLAIM THE CHILDREN FOR TAX PURPOSES, CHECK THIS BOX AND PUT THAT PARENT'S NAME HERE.

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, SELECT ONLY ONE OF THE BOXES. IF ONE PARTY WILL MAINTAIN INSURANCE FOR THE CHILDREN, CHECK THE FIRST BOX AND FILL IN THAT PARTY'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

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) IF YOU AGREE THAT EACH PARENT SHOULD BE ABLE TO CLAIM THE CHILDREN FOR TAX PURPOSES EVERY OTHER YEAR, CHECK THIS BOX AND FILL IN THE YEAR AND THEN SELECT 'EVEN' OR 'ODD'.

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.

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 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

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

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

Minor Child (*paternity only*)

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

Petitioner,

v.

Respondent

ORDER FOR MODIFICATION OF CHILD SUPPORT

Comes now, **PETITIONER'S NAME**, self represented, and **RESPONDENT'S NAME**, self represented, having filed an *Agreed Entry 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. **NAME OF PERSON ORDERED TO PAY CHILD SUPPORT** is to pay child support to **PERSON TO RECEIVE CHILD SUPPORT** in the amount of \$ **NEW AMOUNT ORDERED** per week, effective on **DATE NEW SUPPORT SHOULD BE EFFECTIVE**

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.

CHECK THIS BOX AND INSERT THE NAME OF THE PERSON THAT WILL MAINTAIN INSURANCE FOR THE CHILDREN. IF NEITHER PARENT WILL, CHECK THE BOX BELOW. THIS SHOULD MATCH THE AGREED ENTRY YOU COMPLETED

5. _____ 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.

-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

FOR PARAGRAPH 6, CHECK THE BOXES AND FILL IN THE BLANKS THE WAY YOU DID IN PARAGRAPH 10 OF THE AGREED ENTRY

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. PERSON THAT WILL RECEIVE CHILD SUPPORT will be responsible for the first \$ annual 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).

FOR PARAGRAPH 7, FILL IN THE BLANKS THE WAY YOU DID IN PARAGRAPH 9 OF THE AGREED ENTRY ABOVE

So ordered LEAVE BLANK

 LEAVE BLANK
Judicial Officer

Distribution:

