

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

IN RE THE PATERNITY OF:

\_\_\_\_\_  
Minor Child

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

v.

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

**APPEARANCE BY UNREPRESENTED PERSON IN PATERNITY CASE**

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

1. My name is \_\_\_\_\_ and I am:  
☐ Initiating (filing)  
☐ Responding (answering or defending)  
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.

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

☐ *I will accept service at the above email address.*

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

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 JP case type as defined in Administrative Rule 8(B)(3).

4. There are related cases: *(If yes, please indicate below)*

☐ Yes

☐ No

Caption and case number of related cases:

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

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

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

Additional information as required by local rule:

\_\_\_\_\_  
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 at the address listed below 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

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Minor Child (*paternity only*)

Petitioner

VS.

Respondent

# CIVIL APPEARANCE FORM

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

[illegible]

**NOT FOR PUBLIC ACCESS**

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

IN THE MATTER OF THE PATERNITY OF:

\_\_\_\_\_  
Minor Child

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

v.

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

**VERIFIED PETITION TO ESTABLISH PATERNITY**

Comes now \_\_\_\_\_, self represented, and states or affirms as follows:

1. \_\_\_\_\_, mother, currently resides at

\_\_\_\_\_  
in the County of \_\_\_\_\_, State of Indiana.

2. \_\_\_\_\_, father, currently resides at:

\_\_\_\_\_  
in the County of \_\_\_\_\_, State of Indiana.

3. The mother, \_\_\_\_\_, gave birth to the child  
\_\_\_\_\_ out of wedlock on \_\_\_\_\_.

4. At the time the child was conceived and born the parties were not married to each other.

5. The child, \_\_\_\_\_, currently resides at:

\_\_\_\_\_  
in the County of \_\_\_\_\_, State of Indiana.

6. That \_\_\_\_\_ is the biological father of the child.

WHEREFORE, \_\_\_\_\_ requests that this Court set this matter for hearing, and upon hearing enter an order establishing the paternity of \_\_\_\_\_, child support, parenting time, custody and for 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.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**CERTIFICATE OF SERVICE**

I hereby certify that I sent a copy of this Petition by first class mail to the opposing attorney, or the opposing party if the opposing party is not represented by an attorney, at the following address on \_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

IN THE MATTER OF THE PATERNITY OF:

\_\_\_\_\_  
Minor Child

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

v.

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

**SUMMONS**  
**AND NOTICE OF INITIAL HEARING IN A PATERNITY CASE**

**THE STATE OF INDIANA TO:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A paternity action has been filed in the Court stated above. A copy of the Petition (and, in some cases, other documents) is served with this Summons and contain important details regarding the nature of these proceedings.

An answer or other appropriate response in writing to the petition must be filed either by you or your attorney **within twenty (20) days, starting the day after you receive this Summons, (or twenty-three (23)- days if this Summons was received by mail)** OR A DECISION MAY BE MADE AGAINST YOU BY DEFAULT AND A FINAL ORDER MAY BE ENTERED DETERMINING PATERNITY, CUSTODY, PARENTING TIME AND CHILD SUPPORT. If you have a claim for relief against the plaintiff arising from the same transaction or occurrence, you must assert it in your written answer. You have rights in this case, including the right to a jury trial

If this Summons is accompanied by an Order Setting Hearing, you must appear in Court on the date and time stated on the Order Setting Hearing. IF YOU DO NOT APPEAR, EVIDENCE MAY BE HEARD AND A DECISION MAY BE MADE BY THE COURT. If you wish to hire an attorney to represent you in this matter, it is advisable to do so before that date.

If you do not file a written appearance with the Clerk and serve a copy on the attorney, or other party if the other party does not have an attorney, in this matter, you may not receive notice of any further proceedings in this action.

The following manner of service is designated: ☐ Certified Mail ☐ Sheriff

Date: \_\_\_\_\_

\_\_\_\_\_  
CLERK, \_\_\_\_\_ COURT

By: \_\_\_\_\_  
Deputy Clerk

**CLERK'S CERTIFICATE OF MAILING**

I hereby certify that on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I mailed a copy of this Summons and a copy of the Petition to the party being served, \_\_\_\_\_, by mail, requesting a return receipt, at the address furnished by the filing party.

Date: \_\_\_\_\_

CLERK, \_\_\_\_\_ COURT

By: \_\_\_\_\_  
Deputy Clerk

**RETURN ON SERVICE OF SUMMONS BY MAIL**

I hereby certify that the attached return receipt was received by me showing that the Summons and a copy of the Petition mailed to the party being served, \_\_\_\_\_, was accepted by the party being served on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

I hereby certify that the attached return receipt was received by me showing that the Summons and a copy of the Petition was returned not accepted on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Date: \_\_\_\_\_

CLERK, \_\_\_\_\_ COURT

By: \_\_\_\_\_  
Deputy Clerk

**RETURN OF SERVICE OF SUMMONS BY SHERIFF**

I hereby certify that I have served the within Summons:

1. By delivering on \_\_\_\_\_, 20\_\_\_\_, a copy of this Summons and a copy of the Petition to each of the within named person(s).

2. By leaving on \_\_\_\_\_, 20\_\_\_\_, for each of the within named person(s) a copy of the Summons and a copy of the Petition at the respective dwelling house or usual place of abode, in \_\_\_\_\_, Indiana, with a person of suitable age and discretion residing within, whose usual duties or activities include prompt communication of such information to the person served, or by otherwise leaving such process thereat, and by mailing a copy of the Summons without the Petition to the said named person(s) at the address listed herein.

3. This Summons came to hand this date, \_\_\_\_\_, 20\_\_\_\_. The within named was not found in my bailiwick this date, \_\_\_\_\_, 20\_\_\_\_.

ALL DONE IN \_\_\_\_\_ COUNTY, INDIANA.

SHERIFF OF \_\_\_\_\_ COUNTY, INDIANA

By: \_\_\_\_\_

**SERVICE ACKNOWLEDGED**

I hereby acknowledge that I received a copy of the within Summons and a copy of the Petition at \_\_\_\_\_ in \_\_\_\_\_, Indiana, on this date, \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Party Served

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

IN THE MATTER OF THE PATERNITY OF:

\_\_\_\_\_  
Minor Child

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

v.

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

**ORDER SETTING HEARING**

Comes now \_\_\_\_\_, self represented, having filed a  
Verified Petition To Establish Paternity, and the Court finds that the matter should be set for hearing.

**IT IS THEREFORE ORDERED** that this matter shall be heard on

\_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judicial Officer

☐ The Clerk shall serve this pleading upon \_\_\_\_\_ by  
certified mail at the following address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ The Clerk shall have this pleading served upon \_\_\_\_\_ by  
sheriff at the following address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Distribution:

\_\_\_\_\_  
\_\_\_\_\_



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

IN THE MATTER OF THE PATERNITY OF:

\_\_\_\_\_  
Minor Child

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

v.

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

**ORDER ESTABLISHING PATERNITY, CUSTODY, CHILD SUPPORT AND  
PARENTING TIME**

The Court having reviewed the Verified Petition To Establish Paternity and having held a hearing in this matter, now finds the following:

1. \_\_\_\_\_ is the biological father of minor child,

\_\_\_\_\_.

2. \_\_\_\_\_ is the biological mother of minor child,

\_\_\_\_\_.

3. **Custody and care of the minor child(ren).**

It is in the best interest of the child(ren) that:

- ☐ The parties shall have joint legal custody over the minor child(ren) with Petitioner being the primary custodial parent.
- ☐ The parties shall have joint legal custody over the minor child(ren) with Respondent being the primary custodial parent.
- ☐ Petitioner shall have sole legal custody of the minor child(ren) and shall be the primary custodial parent.
- ☐ Respondent shall have sole legal custody of the minor child(ren) and shall be the primary custodial parent.
- ☐ Other, as described below:

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4. **Parenting Time**

Parenting time with the minor child(ren) shall be as follows:

- ☐ Petitioner shall have parenting time with the minor child(ren), at a  
☐ Respondent minimum, as set out by the Parenting Time Guidelines
- ☐ Other it is in the best interests of the minor child(ren) to follow a parenting time schedule that does NOT follow the Indiana Parenting Time Guidelines. Parenting time with the minor child(ren), shall be as follows:

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5. **Child Support**

- ☐ Petitioner will pay child support in the amount of \$\_\_\_\_\_  
☐ Respondent per week as shown by the attached child support worksheet, beginning on the first Friday following the date of the Decree. All support payments shall be made through the County Clerk's Office (cash payments only) or the State Central Collection Unity PO Box 7130, Indianapolis, Indiana 46207-7130 (any payments other than cash). The court shall issue an immediately activated Income Withholding Order pursuant to IC 31-16-15 to

any employer or income provider of the child support Obligor.

- ☐ Petitioner shall be responsible for all controlled expenses related to
- ☐ Respondent the upbringing of the minor child(ren).
- 
- ☐ Petitioner will be responsible for the first \_\_\_\_\_ of
- ☐ Respondent 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 medical expenses for the minor child(ren), and Respondent shall be responsible for \_\_\_\_\_ % of annual uninsured medical expenses for the minor child(ren).
- 
- ☐ Petitioner will be responsible to pay a child support arrearage in the
- ☐ Respondent amount of \$ \_\_\_\_\_ which has accrued during the pendency of this proceeding. Such arrearage shall be paid in the periodic amount of \$ \_\_\_\_\_ per week in addition to the current support rendered above, until such arrearage has been satisfied.

**6. Health insurance**

The provisions for health insurance maintenance shall be as follows:

- ☐ Petitioner shall maintain medical, dental and optical insurance as
- ☐ Respondent available through employment, or Health Insurance Marketplace, or by government provided insurance for the minor child(ren).
- 
- ☐ Other Health insurance 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 children 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.

**7. Taxes**

The arrangement for claiming the tax credits, exemptions and deductions for the minor children shall be as follows:

- ☐ Petitioner shall be entitled to claim the minor child(ren) for federal,  
☐ Respondent 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 exemptions to do so.

- ☐ Other 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.

**SO ORDERED THIS** \_\_\_\_\_

\_\_\_\_\_  
Judicial Officer

Distribution:

Petitioner's Name and Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Respondent's Name and Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_