COURT YOU WILL FILE IN LEAVE BLANK IF YOU DON'T KNOW

COUNTY YC	OU WILL
-----------	---------

STATE OF INDIANA) IN THE	FILE IN	COURT
COUNTY YOU)SS:		

COUNTY OF <u>WILL FILE IN</u>) CAUSE NO. <u>LEAVE BLANK</u>

IN RE THE PATERNITY OF:

NAME OF CHILD

Minor Child

YOUR NAME

Petitioner,

v.

1.

THE OTHER PARENT'S NAME

Respondent.

APPEARANCE BY UNREPRESENTED PERSON IN PATERNITY CASE

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

My name is <u>YOUR NAME</u>

_____ and I am:

CHECK 'INITIATING' — 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:	YOUR MAILING ADDRESS	
CHECK THIS BOX F YOU ONLY WANT NFORMATION FROM THE COURT SENT TO YOUR EMAIL	Phone: Fax: OR, if in a rela check the box	YOUR EMAIL ADDRESS I will accept service at the above email addre YOUR PHONE NUMBER YOUR FAX (IF YOU HAVE ONE) ted case, you have used the Attorney General below: Attorney General confidential address	
3.	This is a JP cas	se type as defined in Administrative Rule 8(B)(3).

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

		······································			
	Yes	IF THERE ARE OTHER CASES RELATED TO THIS PATERNITY,			
	No	CHECK "YES" AND FILL IN THE INFORMATION BELOW. IF NOT, CHECK "NO"			
Caption and c	case nun	nber of related cases:			
Caption:		Case No.:			
Caption:		Case No.:			
Caption:		Case No.:			

Additional information as required by local rule:

IF LOCAL RULE REQUIRES ADDITIONAL INFORMATION, INCLUDE 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 at the address listed below on <u>DATE YOU MAIL THIS DOCUMENT</u>

ADDRESS OF THE OTHER PARENT OR THE OTHER PARENT'S ATTORNEY

PRINT THIS FORM AND SIGN HERE
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 THEOF		
	FOR THE SECTION ABOVE THE DOT COURT PAPERS YOU HAVE IN YOUR INFORMATION HERE.	
Petitioner		
VS.		
Respondent		

CIVIL APPEARANCE FORM

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

Name:	YOUR NAME SS	S# <u>YOUR SOCIAL SECURITY NUMBER</u>
Name:		S#CHILD'S SOCIAL SECURITY NUMBER
Name:	OTHER PARENT'S NAME SS	OTHER PARENT'S SOCIAL SECURITY NUMBER
Name:	S	S#
Name:	S	S#
Name:	S	S#

NOT FOR PUBLIC ACCESS

Page 1 of 1

Approved by the Coalition for Court Access CCA-DC-0320-1069 www.indianalegalhelp.org

STATE OF INDIANA)	IN THE	COURT		
COUNTY OF)SS: _)	CASE NO			
IN THE MATTER OF THE PATER	NITY	OF:			
Minor Child					
Petitioner,			BOVE THE DOTTED LINE, LOOK YOU FILLED OUT AND COPY IERE		
V.					
Respondent.					
VERIFIED PE	TITIC	ON TO ESTABLISH PAT	ERNITY		
Comes now <u>YOUR NAM</u>	1E	, self re	presented, and states or		
		_, mother, currently resides a	at		
MOTHER'S ADDRESS	JTV				
in the County of MOTHER'S COUN					
		_, father, currently resides at	• •		
FATHER'S ADDRESS in the County of FATHER'S COUN	TY	, State of Indiana.			
3. The mother, MOTHER'S NAME out of y	AME wedloc	, gave birth to k on <u>CHILD'S BIRTHDA</u>	the child <u> TE</u> .		
4. At the time the child was con	nceive	d and born the parties were i	not married to each other.		
5. The child, <u>CHILD'S NAME</u> CHILD'S ADDRESS		, currently resides at:			
in the County of <u>CHILD'S COUNT</u>					
6. That <u>FATHER'S NAME</u>			ld.		

WHEREFORE, <u>YOUR NAME</u> requests that this Court set this matter for hearing, and upon hearing enter an order establishing the paternity of <u>CHILD'S NAME</u>,

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.

PRINT THIS DOCUMENT AND SIGN HERE Signature DATE YOU SIGN THIS FORM Date

YOUR NAME

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 <u>DATE YOU MAIL THIS DOCUMENT</u>

OTHER PARENT'S ADDRESS

PRINT THIS FORM AND SIGN HERE
Signature

DATE YOU SIGN THIS DOCUMENT Date

STATE OF INDIANA)
)SS:

IN THE _____ COURT

COUNTY OF

CASE NO. _____

)

IN THE MATTER OF THE PATERNITY OF:

Minor Child

Petitioner.

FOR THE SECTION ABOVE THE DOTTED LINE, LOOK AT THE FIRST FORM YOU FILLED OUT AND COPY THE INFORMATION HERE

v.

Respondent.

SUMMONS AND NOTICE OF INITIAL HEARING IN A PATERNITY CASE

THE STATE OF INDIANA TO:

OTHER PARENT'S NAME OTHER PARENT'S ADDRESS

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 twentythree (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 des		
Date:		
	CLERK,	COURT
	By:	
l of 2	Deputy Clerk	1 has the Carlitian for Carat

CLERK'S CERTIFICATE OF MAILING

I hereby certify that on theday 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 f	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:

Signature of Party Served

STATE OF INDIANA)	IN THE	COUR	Т
COUNTY OF)SS:)	CASE NO		
IN THE MATTER OF THE PAT	FERNITY	OF:		
Minor Child		FOR THE SECT	ION ABOVE THE DOTTED LINI	E, LOOK
Petitioner,		AT THE FIRST I THE INFORMA	FORM YOU FILLED OUT AND (TION HERE	COPY
v.				
Respondent.				
		ETTING HEARIN	<u>IG</u>	
Comes now <u>YOUR N</u> Verified Petition To Establish Paterr IT IS THEREFORE ORDERED t	ity, and the	e Court finds that the	-	
Date		Judicial Of	ficer	-
Cortified mail at the following a			LANK	Бу
The Clerk shall has sheriff at the following address:	ave this ple	eading served upon _		_ by
Distribution: YOUR NAME OTHER PARENT'S NAME				

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

IN THE MATTER OF THE PATERNITY OF:

Minor Child

FOR THE SECTION ABOVE THE DOTTED LINE, LOOK AT THE FIRST FORM YOU FILLED OUT AND COPY THE INFORMATION HERE

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. <u>FATHER'S NAME</u> is the biological father of minor child,

CHILD'S NAME

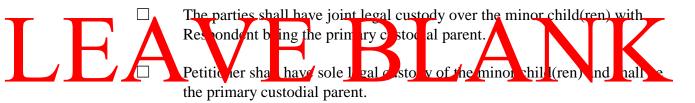
2. <u>MOTHER'S NAME</u> is the biological mother of minor child,

CHILD'S NAME

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.



- □ Respondent shall have sole legal custody of the minor child(ren) and shall be the primary custodial parent.
- \Box Other, as described below:

4. **Parenting Time**

Petitioner

Respondent

 \square

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

• Vit is in the best interests of the minor child(en) to fold

parenting time schedule that does NOT follow the Indiana Parenting Time Guidelines. Parenting time with the minor child(ren), shall be as follows:

shall have parenting time with the minor child(ren), at a

minimum, as set out by the Parenting Time Guidelines

5. Child Support

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
- \Box Respondent the upbringing of the minor child(ren).
- Petitioner will be responsible for the first _____ of
- Respondent
 annual uninsured health and medical, dental, optical,

child(ren). There fter Petitioner shall be responsible for ____% of an ual uninsured medical expenses for the minor child(ren), and Respondent shall be responsible for % of annual uninsured medical expenses for

______% of annual uninsured medical expenses for the minor child(ren).

hospital and prescription expenses for the minor

Petitioner
 Respondent
 will be responsible to pay a child support arrearage in the amount f \$_______ 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,

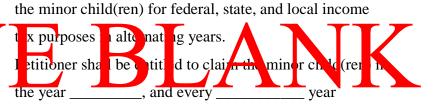
the party to whom such coverage is available shall obtain coverage for the children within a reasonable time after such coverage becomes available.

7. Taxes

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

- \Box 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.

 \Box Other



Petitioner and Respondent shall each be entitled to claim

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 _____

LEA

Judicial Officer

Distribution:

Petitioner's Name and Mailing Address: YOUR NAME YOUR ADDRESS Respondent's Name and Mailing Address: OTHER PARENT'S NAME OTHER PARENT'S ADDRESS

Approved by the Coalition for Court Access CCA-JP-0519-1066

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