

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

STATE OF INDIANA) COUNTY YOU WILL
) IN THE FILE IN COURT
)SS: COUNTY YOU
) WILL FILE IN) CAUSE NO. LEAVE BLANK

IN RE THE PATERNITY OF:

NAME OF CHILD
Minor Child

YOUR NAME
Petitioner,

v.

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.

1. My name is YOUR NAME 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
IF YOU ONLY
WANT
INFORMATION
FROM THE
COURT SENT TO
YOUR EMAIL

Email address: YOUR EMAIL ADDRESS
 I will accept service at the above email address.

Phone: YOUR PHONE NUMBER
Fax: YOUR FAX (IF YOU HAVE ONE)

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 **IF THERE ARE OTHER CASES RELATED TO THIS PATERNITY,**
 - No **CHECK "YES" AND FILL IN THE INFORMATION BELOW. IF NOT, CHECK "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 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 DATE YOU MAIL THIS DOCUMENT

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 THE _____ OF

Minor Child (*paternity only*)

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

Petitioner

vs.

Respondent

CIVIL APPEARANCE FORM

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

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

NOT FOR PUBLIC ACCESS

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.

VERIFIED PETITION TO ESTABLISH PATERNITY

Comes now YOUR NAME, self represented, and states or affirms as follows:

1. MOTHER'S NAME, mother, currently resides at

MOTHER'S ADDRESS

in the County of MOTHER'S COUNTY, State of Indiana.

2. FATHER'S NAME, father, currently resides at:

FATHER'S ADDRESS

in the County of FATHER'S COUNTY, State of Indiana.

3. The mother, MOTHER'S NAME, gave birth to the child CHILD'S NAME out of wedlock on CHILD'S BIRTHDATE.

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

5. The child, CHILD'S NAME, currently resides at:

CHILD'S ADDRESS

in the County of CHILD'S COUNTY, State of Indiana.

6. That FATHER'S NAME is the biological father of the child.

WHEREFORE, YOUR NAME requests that this Court set this matter for hearing, and upon hearing enter an order establishing the paternity of CHILD'S NAME, 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 DATE YOU MAIL THIS DOCUMENT

OTHER PARENT'S ADDRESS

PRINT THIS FORM AND SIGN HERE
Signature

DATE YOU SIGN THIS DOCUMENT
Date

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

IN THE MATTER OF THE PATERNITY OF:

Minor Child

Petitioner,

v.

Respondent.

FOR THE SECTION ABOVE THE DOTTED LINE, LOOK
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THE INFORMATION HERE

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 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.

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

ORDER SETTING HEARING

Comes now YOUR NAME, 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:

LEAVE BLANK

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

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

Petitioner,

v.

Respondent.

FOR THE SECTION ABOVE THE DOTTED LINE, LOOK
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THE INFORMATION HERE

**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. FATHER'S NAME is the biological father of minor child,

CHILD'S NAME.

2. MOTHER'S NAME 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.

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:

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

LEAVE BLANK

- 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:

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). Hereafter, 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).

LEAVE BLANK

- 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.

LEAVE BLANK

SO ORDERED THIS _____

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

