

INSTRUCTIONS: TERMINATE CHILD SUPPORT DUE TO EMANCIPATION 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

**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*)

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Petitioner

vs.

Respondent

CIVIL APPEARANCE FORM

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

Name: YOUR NAME SS# YOUR SOCIAL SECURITY NUMBER

Name: CHILD'S NAME SS# CHILD'S SOCIAL SECURITY NUMBER

Name: OTHER PARENT'S NAME SS# OTHER PARENT'S SOCIAL SECURITY NUMBER

Name: _____ SS# _____

Name: _____ SS# _____

Name: _____ SS# _____

NOT FOR PUBLIC ACCESS

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

IN RE THE _____ OF:

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v.

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**JOINT VERIFIED PETITION TO TERMINATE CHILD SUPPORT DUE TO
EMANCIPATION OF MINOR CHILD(REN)**

Comes now **PETITIONER** _____, self represented, and
RESPONDENT _____, self represented, and hereby files their Joint Verified Petition
to Terminate Child Support Due to Emancipation of Minor Child(ren), and states as follows:

1. That parties have ^{NUMBER OF} MINOR minor child(ren), namely:
_{CHILDREN}

Name

Date of birth

**NAMES AND DATES OF BIRTH OF THE MINOR CHILDREN
AND THE OTHER PARTY HAVE TOGETHER**

2. On **CHILD SUPPORT** ORDER DATE _____, this Court ordered that **PARTY WHO PAYS CHILD SUPPORT**
pay child support to **PERSON WHO GETS CHILD SUPPORT** _____ in the weekly amount of **WEEKLY SUPPORT**
AMOUNT _____
for the above name child(ren) effective on **DATE CHILD SUPPORT**
WAS EFFECTIVE

3. The following child(ren) is/are emancipated:

NAME OF EMANCIPATED CHILD(REN)

4. The reason that my child(ren) is/are emancipated as follows:

_____ has turned nineteen (19) years of age.

FOR PARAGRAPH 4 CHECK THE BOX OF EACH CONDITION THAT APPLIES TO THE EMANCIPATED CHILD, THEN PUT THE CHILD'S NAME IN THE BLANK

_____ is at least eighteen (18) years of age; has not attended secondary or post-secondary school for the past four (4) months and is not enrolled in a secondary or post-secondary school; and is or is capable of supporting himself/herself through employment.

_____ has joined the United States armed services.

_____ has married.

_____ is not under the care or control of either parent

nor an individual or agency approved by the court.

DATE CHILD EMANCIPATED

5. The date upon which my child(ren) became emancipated was _____.

6. My child support obligation should be terminated because of the emancipation of my child(ren), EMANCIPATED CHILD _____.

7. The termination of my support obligation should be retroactive to the date(s) stated in Paragraph 5 above.

8. There is not an arrearage on this account.

FOR PARAGRAPH 8, SELECT THE CORRECT BOX. IF THERE IS AN ARREARAGE, FILL IN THE BLANKS.

There is an arrearage on this account of \$ ARREARAGE AMOUNT as of DATE OF ARREARAGE AMOUNT.

PERSON WHO PAYS SUPPORT agrees to pay \$ WEEKLY ARREARAGE PAYMENT per week on the arrearage until such time as the arrearage is paid in full.

9. The Income Withholding Order previously issued in this matter should be terminated.

10. Parties waive their right to a hearing.

WHEREFORE, PETITIONER _____ and RESPONDENT _____

request that this Court declare our child(ren) emancipated, terminated the child support obligation, 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.

PRINT THIS FORM AND THEN SIGN AND DATE IT WHEN YOU ARE 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.

PRINT THIS FORM AND THEN SIGN AND DATE IT WHEN YOU ARE 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.

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v.

Respondent

ORDER GRANTING TERMINATION OF CHILD SUPPORT DUE TO EMANCIPATION OF MINOR CHILD(REN)

Comes now, **PETITIONER** _____, self represented, and **RESPONDENT** _____, self represented, having filed a *Joint Verified Petition to Terminate Child Support Due to Emancipation of Minor Child(ren)*. The Court, having read said pleading, now finds that the child support obligation should be terminated because of the emancipation of the minor child(ren).

IT IS THEREFORE ORDERED that:

1. On **DATE OF EMANCIPATION** _____, **EMANCIPATED CHILD** _____ became emancipated.
2. The current child support obligation should be terminated because of the emancipation of the minor child(ren).
3. The current Income Withholding Order should be terminated because of the emancipation of the minor child(ren).
4. There is not an arrearage on this account and the arrearage is set at zero and the account shall be closed.

**PARAGRAPH 4 SHOULD MATCH
PARAGRAPH 8, ABOVE**

-OR-

There is an arrearage on this account of \$_____.

_____ is ordered to pay \$_____ per week on the arrearage until such time as the arrearage is paid in full.

So ordered **LEAVE BLANK** _____

LEAVE BLANK _____

Judicial Officer

Distribution:

PETITIONER _____

RESPONDENT _____