

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

IN RE THE _____ OF:

Minor Child (*paternity only*)

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 _____ and I am:

- Initiating (filing)
 Responding (answering or defending)
 Intervening

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: _____

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 _____ 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
 - 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 on

_____.

Signature

STATE OF INDIANA) IN THE _____ COURT
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Respondent.

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

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

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

Name

Date of birth

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

2. On _____, this Court ordered that _____
pay child support to _____ in the weekly amount of _____
for the above name child(ren) effective on _____.

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

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

_____ has turned nineteen (19) years of age.

_____ 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.

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), _____.

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

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

WHEREFORE, _____ requests that this Court set this matter for hearing for the purpose of declaring my child(ren) emancipated, terminating my 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.

Signature

Date

CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of the Petition by first class mail to the opposing attorney, or the opposing party if the opposing party is not represented by an attorney, on _____.

Signature

Date

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

IN RE THE _____ OF:

Minor Child (*paternity only*)

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Respondent.

ORDER SETTING HEARING

Comes now _____, pro se, having filed a Verified Petition To Terminate Child Support Due To Emancipation Of Minor Child(ren), 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 (this requires an additional fee payable to the Clerk):

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 RE THE _____ OF:

Minor Child (*paternity only*)

Petitioner,

v.

Respondent

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

Comes now, _____, self represented, having filed a *Verified Petition to Terminate Child Support Due to Emancipation of Minor Child(ren)*. The Court, having read said pleading and held a hearing on the matter, 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 _____, _____ 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.

-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 _____

Judicial Officer

Distribution:

