

INSTRUCTIONS: TERMINATE CHILD SUPPORT WITHOUT AGREEMENT DUE TO EMANCIPATION

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*)

**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: 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# _____

Name: _____ SS# _____

NOT FOR PUBLIC ACCESS

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 LINE LOOK
AT THE OTHER PAPERS YOU HAVE IN THIS CASE AND
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Petitioner,

v.

Respondent.

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

Comes now FULL NAME, 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 ^{NUMBER}
MINOR minor child(ren), namely:
_{CHILDREN}

Name

Date of birth

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

2. On DATE OF CHILD SUPPORT ORDER, this Court ordered that PERSON WHO PAYS CHILD SUPPORT
pay child support to PERSON WHO GETS CHILD SUPPORT in the weekly amount of WEEKLY SUPPORT ORDERED
for the above name child(ren) effective on DATE SUPPORT ORDER TOOK EFFECT

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

NAME OF EMANCIPATED CHILD

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

FOR
PARAGRAPH 4,
SELECT EACH
BOX
THAT APPLIES
TO THE
EMANCIPATED
CHILD AND
WRITE THEIR
NAME IN THE
BLANK

- _____ 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 DATE OF EMANCIPATION.

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

WHEREFORE, YOUR NAME 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.

PRINT THIS DOCUMENT AND THEN SIGN AND DATE HERE

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 DATE YOU SENT THESE DOCUMENTS TO THE OTHER PARTY.

PRINT THIS DOCUMENT AND THEN SIGN AND DATE HERE

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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Petitioner,

v.

Respondent.

ORDER SETTING HEARING

Comes now YOUR NAME, 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

LEAVE BLANK

LEAVE BLANK

LEAVE BLANK

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):

SELECT THE
BOX THAT
INDICATES HOW
THESE
DOCUMENTS
WILL BE GIVEN
TO THE OTHER
PARTY, THEN
FILL IN THEIR
NAME AND
ADDRESS. FEES
MAY APPLY

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

Distribution:

PETITIONER

RESPONDENT

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

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Petitioner,

v.

Respondent

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

Comes now, **YOUR NAME** _____, 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 **DATE EMANCIPATED**, **NAME OF 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 no arrearage on this account and the arrearage is set at zero and the account shall be closed.

LEAVE BLANK

-OR-

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

LEAVE BLANK 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 _____