

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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IN RE THE \_\_\_\_\_ OF:

\_\_\_\_\_  
Minor Child (*paternity only*)

\_\_\_\_\_  
Petitioner,

v.

\_\_\_\_\_  
Respondent.

**JOINT VERIFIED PETITION TO MODIFY CHILD SUPPORT DUE TO EMANCIPATION OF  
MINOR CHILD(REN) AND AGREED ENTRY**

Comes now \_\_\_\_\_, self represented, and  
\_\_\_\_\_, self represented, and hereby files their Joint Verified Petition  
to Modify 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 modified because of the emancipation of my child(ren), \_\_\_\_\_.

7. \_\_\_\_\_ will pay child support to \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ per week for the above named, unemancipated children.

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

9. Arrearages are not determined at this time and are reserved for a later date.

10. All support payments shall be made through the County Clerk’s Officer (cash payments only) or the State Central Collection Unit PO Box 7130, Indianapolis, Indiana 46207-7130 (any payments other than cash). The court shall issue and immediately activate an Income Withholding Order pursuant to IC § 31-16-15 to any employer or income provider to the child support Obligor.

11.  \_\_\_\_\_ shall maintain medical, dental and optical insurance as available through employment, or Health Insurance Marketplace, or by government provided insurance for the minor child(ren).

**-OR-**

Health insurance for the child(ren) 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 child(ren) 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.

12. Petitioner shall be responsible for \_\_\_\_% of annual uninsured health care expenses for minor child(ren), and Respondent shall be responsible for \_\_\_\_% of annual uninsured health care expenses for minor child(ren). To request contribution from the other parent, copies of all documentation relating to the insurance claim and expenses paid or incurred by a parent must be provided to the other parent within thirty (30) days of receipt or the expense may be ineligible for contribution. Expenses paid at the time of service shall be submitted within thirty (30) days of the receipt of service.

13.  \_\_\_\_\_ shall be entitled to claim the minor child(ren) for federal, 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 exemption to do so.

The non-custodial parent's right to this exemption is conditioned on them being 95% compliant in their support by January 31 of their tax year pursuant to IC § 31-16-6-1.5(d). The custodial parent shall take all actions necessary to release their claim to the exemption in the manner required under Section 152(e) of the Internal Revenue Code.

**-OR-**

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.

The non-custodial parent's right to this exemption is conditioned on them being 95% compliant in their support by January 31 of their tax year pursuant to IC§ 31-16-6-1.5(d). The custodial parent shall take all actions necessary to release their claim to the exemption in the manner required under Section 152(e) of the Internal Revenue Code.

14. Parties waive their right to a hearing.

WHEREFORE, \_\_\_\_\_ and \_\_\_\_\_  
request that this Court declare our child(ren) emancipated, modify the child support obligation, and order  
all other further relief that is just and proper in the premises.

**I affirm under the penalties for perjury that the foregoing representations are true.**

\_\_\_\_\_  
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 for perjury that the foregoing representations are  
true.**

\_\_\_\_\_  
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  
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Date \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

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IN RE THE \_\_\_\_\_ OF:

\_\_\_\_\_  
Minor Child (*paternity only*)

\_\_\_\_\_  
Petitioner,

v.

\_\_\_\_\_  
Respondent

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

Comes now, \_\_\_\_\_, self represented, and \_\_\_\_\_,  
self represented, having filed a *Joint Verified Petition to Modify Child Support Due to Emancipation of Minor  
Child(ren) and Agreed Entry*. The Court, having read said pleading, now finds that the child support  
obligation should be modified because of the emancipation of the minor child(ren).

IT IS THEREFORE ORDERED that:

1. \_\_\_\_\_ was emancipated on \_\_\_\_\_.
2. \_\_\_\_\_ is to pay child support in the amount of  
\$ \_\_\_\_\_ per week, effective on \_\_\_\_\_.
3. All support payments shall be made through the County Clerk's Office (cash payments only)  
or the State Central Collection Unit Po box 7130, Indianapolis, Indiana 46207-7130 (any payments other  
than cash). The court shall issue and immediately activate an Income Withholding Order pursuant to IC §  
31-16-15 to any employer or income provider to the child support Obligor.
4. Arrearages are not determined at this time and are reserved for a later date.
5.  \_\_\_\_\_ shall maintain medical, dental and optical insurance  
as available through employment, or Health Insurance Marketplace, or by government provided insurance



for the minor child(ren).

**-OR-**

Health insurance for the child(ren) 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 child(ren) 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.

6. Petitioner shall be responsible for \_\_\_\_% of annual uninsured health care expenses for minor child(ren), and Respondent shall be responsible for \_\_\_\_% of annual uninsured health care expenses for minor child(ren). To request contribution from the other parent, copies of all documentation relating to the insurance claim and expenses paid or incurred by a parent must be provided to the other parent within thirty (30) days of receipt or the expense may be ineligible for contribution. Expenses paid at the time of service shall be submitted within thirty (30) days of the receipt of service.

**-OR-**

\_\_\_\_\_ shall be entitled to claim the minor child(ren) for federal, 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 exemption to do so.

The non-custodial parent's right to this exemption is conditioned on them being 95% compliant in their support by January 31 of their tax year pursuant to IC § 31-16-6-1.5(d). The custodial parent shall take all actions necessary to release their claim to the exemption in the manner required under Section 152(e) of the Internal Revenue Code.

**-OR-**

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.

The non-custodial parent's right to this exemption is conditioned on them being 95% compliant in their support by January 31 of their tax year pursuant to IC § 31-16-6-1.5(d). The custodial parent shall take all actions necessary to release their claim to the exemption in the manner required under Section 152(e) of the Internal Revenue Code.

**So ordered** \_\_\_\_\_

\_\_\_\_\_  
Judicial Officer

Distribution:

\_\_\_\_\_  
\_\_\_\_\_