

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

IN THE \_\_\_\_\_ COURT  
CASE NO. \_\_\_\_\_

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

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

v.

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

**VERIFIED PETITION FOR MODIFICATION OF CHILD SUPPORT**

Comes now \_\_\_\_\_, self represented, and hereby files a Verified Petition For Modification of Child Support, and states as follows:

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

<u>Name</u>	<u>Date of birth</u>
_____	_____
_____	_____
_____	_____
_____	_____

2. \_\_\_\_\_ is ordered to pay \$ \_\_\_\_\_ in current child support effective on \_\_\_\_\_.

3. Since that time, there has been a change in circumstances that makes the current order vary more than 20% from what the child support guidelines would indicate should be paid, or so substantial and continuing as to make the terms of the current support order unreasonable for the following reasons:

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4. Child support should be modified to reflect the substantial change in circumstances as outlined above.

5. The parties have reached an agreement on child support modification and an *Agreed Entry For Modification Of Child Support* is filed with this petition.

WHEREFORE, \_\_\_\_\_ requests that this Court modify the existing support as is appropriate and order all other further relief that is just and proper in the premises.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CERTIFICATE OF SERVICE**

I hereby certify that I sent a copy of this document on \_\_\_\_\_  
by first-class U.S. mail, postage prepaid to \_\_\_\_\_  
\_\_\_\_\_ at the following address:

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I hereby certify that I sent a copy of this document on \_\_\_\_\_ by  
E-service using the Indiana E-filing system to:

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\_\_\_\_\_  
Signature

STATE OF INDIANA  
COUNTY OF \_\_\_\_\_  
IN RE THE \_\_\_\_\_ OF:

IN THE \_\_\_\_\_ COURT  
CASE NO. \_\_\_\_\_

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

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

v.

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

**VERIFIED AGREED ENTRY FOR MODIFICATION OF CHILD SUPPORT**

Comes now \_\_\_\_\_, self represented, and  
\_\_\_\_\_, self represented, and submit the following terms as evidence of  
their agreement in this matter:

1. That the parties have \_\_\_\_\_ minor child(ren), namely:

**Name**

**Date of birth**

_____	_____
_____	_____
_____	_____
_____	_____

2. \_\_\_\_\_ is ordered to pay \$ \_\_\_\_\_  
in current child support to \_\_\_\_\_ effective on \_\_\_\_\_.

3. Since that time, there has been a change in circumstances that makes the current order vary more than 20% from what the child support guidelines would indicate should be paid, or so substantial and continuing as to make the terms of the current support order unreasonable.

4. Child support should be modified to reflect the substantial change in circumstances.

5. \_\_\_\_\_ shall now pay child support in the amount of \$ \_\_\_\_\_ per week to \_\_\_\_\_, effective on \_\_\_\_\_.

\_\_\_\_\_. (Choose an effective date between the date you filed your petition and the date you are filing this *Agreed Entry* with the Court.)

6. All support payments shall be made through the County Clerk's Office (cash payments only) or the State Central Collection Unit P.O. 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.

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

8.  \_\_\_\_\_ 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.

9. 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.

10.  \_\_\_\_\_ 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.

11. Parties waive their right to a hearing.

WHEREFORE, \_\_\_\_\_ and \_\_\_\_\_ request that this Court modify the existing child support obligation and order all further relief that is just and proper in the premises.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

STATE OF INDIANA

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 penalties for perjury that the foregoing representations and statements are true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

STATE OF INDIANA

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: \_\_\_\_\_

**SO ORDERED** \_\_\_\_\_

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

Distribution:

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

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