

Please answer the questions below.

When you answer the questions, they will automatically fill in that information where it belongs on the following forms that you will be filing with the court. Do not leave any questions blank. Any changes you make must be made to these questions; you will not be able to modify your answers in the forms themselves. Please have all of your information handy (including a Decree of Dissolution, the most recent Modification of Support Order, or other current Court Order that instructs a child support payment) when you are answering these questions.

Look at the most recent order while answering the first six questions:

1. What is the name of the County? _____
2. What is the Case Number? _____
(The Case Number is very important; please make sure to copy it **exactly** as it appears on the court papers)
3. If you were married to your child(ren)'s other parent, select "MARRIAGE." If you were not married to your child(ren)'s other parent, select "PATERNITY."

4. If you selected "PATERNITY" above, what are the names of your children that are listed to the right of "IN THE PATERNITY OF:"? If you selected "MARRIAGE," skip to the next question.

5. What is the full name of the Petitioner? (This will either be your name or the other party's name)

6. What is the full name of the Respondent? (This will either be your name or the other party's name)

7. What is your full name?

8. What is your street address?

9. What is your town, state, and ZIP Code?

10. What is your telephone number, with area code? _____
11. What is your email address? _____
12. If you have a fax machine number and want to receive service by fax machine, what is your fax machine number, with area code? _____
13. If you have used the Attorney General Confidential address in any related cases, select "X": _____

14. What is the full name of the other party?

15. If the other party is represented by an attorney, what is the full name of the attorney?

16. If the other party is represented by an attorney, what is his/her street address? If they do not have an attorney, what is the other party's street address?

17. What is the town, state and ZIP Code of the attorney/other party?

18. Are there are other Court cases involving yourself and the other party? _____ Yes _____ No

19. If you selected "Yes," for each case you and the other party are involved, what is the name of the Court and Case Number. If you selected "No," skip to the next question.

Caption: _____	Case Number: _____
Caption: _____	Case Number: _____
Caption: _____	Case Number: _____
Caption: _____	Case Number: _____
Caption: _____	Case Number: _____
Caption: _____	Case Number: _____

20. How many children do you and the other party have together that are under the age of 21? _____

21. What are the full name(s) and birthday(s) of the child(ren) you and the other party have together that are under the age of 21?

Full Name _____	Birthday _____
Social Security Number _____	
Full Name _____	Birthday _____
Social Security Number _____	
Full Name _____	Birthday _____
Social Security Number _____	
Full Name _____	Birthday _____
Social Security Number _____	

22. What is the date of the most current child support order? _____

23. What is the date the most current child support order took effect? _____

24. What is the weekly amount of child support that is ordered now? _____

25. What is the name of the person who is currently paying child support?

26. What is the name of the person who is currently receiving child support?

27. Why do you think the amount of child support ordered should be changed? Please only include changes that have happened since the current support order was entered.

28. What is the new weekly amount of child support you and the other party have agreed will be paid?

You have finished answering the questions. The following pages are the forms that you will be printing and then filing with the court. Please look over them to make sure the information is correct before you print them out. If you have changes, you must make them to the questions above. Once you have printed this packet, make sure you sign it on the Signature line. Your signature must be on these forms before you make copies and file it with the court. Also, where the Notary signature is required, both you and the other party must sign your name before a Notary, and the Notary will complete the remainder of that section.

PLEASE NOTE: There is a blank line in the paragraph named Certificate of Service. Before you make your copies, you **MUST** write the date you will be filing the forms on this blank line.

STATE OF INDIANA) IN THE SUPERIOR/CIRCUIT COURT
) SS:
COUNTY OF) CASE NO.

IN RE THE OF:

Petitioner,

V.

Respondent.

APPEARANCE BY SELF-REPRESENTED 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) X;

Responding (answering or defending) _____; or

Intervening _____;

in this case and am representing myself.

2. Contact information for receiving legal service of documents and case information is 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 the whereabouts of a petitioner)*

Address: _____

Email Address: _____

Phone: _____

FAX: _____

OR, if in the related case, you have used the Attorney General Confidential address, you may check the box below:

____ Attorney General confidential address (contact the Attorney General at 1-800-321-1907 or e-mail address is **confidential@atg.state.in.us**).

3. This is a _____ case type as defined in administrative Rule 8(B)(3).
(Clerk will supply this information.)

4. I will accept service by FAX at the following number _____

5. This case is a domestic relations matter, involves reciprocal enforcement of support, paternity, delinquency, Child in Need of Services (CHINS), guardianship, or any other proceedings in which support may be an issue, and social security numbers of all family members are supplied on a separately attached document (Form TCM-TR3.1-4) filed as confidential information on light green paper.

X Yes No

6. There are related cases: Yes No (If yes, please indicate below.)

Caption and case number of related cases:

Caption: _____ Case Number: _____

Caption: _____ Case Number: _____

Caption: _____ Case Number: _____

Caption: _____ Case Number: _____

Caption: _____ Case Number: _____

Caption: _____ Case Number: _____

7. Additional information required by local rule:

Self-Represented Party

NOT FOR PUBLIC ACCESS
IN ACCORDANCE WITH ADMINISTRATIVE RULE 9

ATTENTION CLERK: FOR SELF REPRESENTED LITIGANTS, TREAT THIS FORM AS IF IT IS PRINTED ON LIGHT GREEN PAPER

ATTORNEYS MUST SUBMIT THIS FORM ON LIGHT GREEN PAPER. SEE BOTTOM OF PAGE FOR TEXT OF TRIAL RULE 5 (G) (2)

STATE OF INDIANA) IN THE SUPERIOR/CIRCUIT COURT
) SS:
COUNTY OF) CASE NO.

IN RE THE OF:

Petitioner,

V.

Respondent.

CIVIL APPEARANCE FORM

Item 5 (Social Security numbers of all family members in cases involving support):

Name: _____ SS # _____
Name: _____ SS # _____
Name: _____ SS # _____
Name: _____ SS # _____
Name: _____ SS # _____
Name: _____ SS # _____
Name: _____ SS # _____
Name: _____ SS # _____

Item 8 (Social Security number of person who is subject to involuntary commitment):

Name: _____ SS # _____

When only a portion of a document contains information excluded from public access pursuant to Administrative Rule 9(G)(1), said information shall be omitted [or redacted] from the filed document and set forth on a separate accompanying document on **light green paper** conspicuously marked "Not For Public Access" and clearly designating [or identifying] the caption and number of the case and the document and location within the document to which the redacted material pertains.

NOT FOR PUBLIC ACCESS

STATE OF INDIANA

)

IN THE

SUPERIOR/CIRCUIT COURT

) SS:

COUNTY OF

)

CASE NO.

IN RE THE

OF:

Petitioner,

V.

Respondent.

VERIFIED PETITION FOR MODIFICATION OF CHILD SUPPORT

Comes now _____, pro se, and hereby files a Verified Petition for Modification of Child Support, 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-named child(ren) effective on _____.

3. Since that time, there has been a change in circumstances, so substantial and continuing as to make the terms of the current support order unreasonable for the following reasons:

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

WHEREFORE, _____ requests that this Court modify the existing child support as is appropriate, 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

CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of this 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

STATE OF INDIANA

)

IN THE

SUPERIOR/CIRCUIT COURT

) SS:

COUNTY OF

)

CASE NO.

IN RE THE

OF:

Petitioner,

V.

Respondent.

AGREED ENTRY FOR MODIFICATION OF CHILD SUPPORT

Comes now _____, pro se, and _____, 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. That on _____, this Court ordered that _____ pay child support to _____ in the weekly amount of _____ for the above-named child(ren) effective on _____.

3. That since that time, there has been a change in circumstances, 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. _____ will pay child support to _____ in the amount of _____ per week for the above named child(ren).

Your 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 being first duly sworn upon his/her oath, says that the facts alleged in the foregoing instrument are true.

Date _____

Notary Public

My Commission Expires: _____

Other Party's 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 being first duly sworn upon his/her oath, says that the facts alleged in the foregoing instrument are true.

Date _____

Notary Public

My Commission Expires: _____

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED by the Court, after being duly advised, that the terms of the parties' agreement as set out above shall be incorporated into this Order.

So ordered this _____ day of _____, 20_____.

Judge

Distribution: