

INSTRUCTIONS

MODIFY CHILD SUPPORT WITH AN AGREEMENT ON ALL ISSUES

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

IN RE THE _____ OF:

Petitioner,

V.

Respondent.

FOR THE SECTION ABOVE THE DOTTED LINE, LOOK AT THE COURT PAPERS YOU HAVE FROM THIS CASE AND COPY THE INFORMATION HERE AS IT APPEARS ON THOSE COURT PAPERS.

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: _____ PRINT YOUR FULL NAME _____ and I am

Initiating (filing) _____;

Responding (answering or defending) _____; or

Intervening _____;

} IF YOU ARE THE PETITIONER, CHECK
"INITIATING"; IF YOU ARE THE RESPONDENT,
CHECK "RESPONDING"

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: PRINT YOUR FULL ADDRESS _____

Email Address: PRINT YOUR EMAIL ADDRESS _____

Phone: PRINT YOUR PHONE NUMBER _____

FAX: PRINT YOUR FAX NUMBER _____

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

IF YOU USE A
CONFIDENTIAL
ADDRESS
THROUGH THE
OFFICE OF THE
ATTORNEY
GENERAL,
CHECK HERE

{ _____ 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 LEAVE BLANK 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 _____ IF YOU HAVE A FAX NUMBER WHERE YOU WANT
TO RECEIVE COURT PAPERS, PRINT IT HERE

INSTRUCTIONS

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5. This case is a domestic relations matter, involves Uniform Reciprocal Enforcement of support (URESA), 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.

CHECK HERE Yes _____ No _____

6. There are related cases: Yes _____ No _____ *(If yes, please indicate below.)* } IF THERE ARE OTHER COURT CASES INVOLVING YOURSELF, THE OTHER PARTY, AND/OR YOUR CHILD(REN). CHECK "YES"; OTHERWISE, CHECK "NO"

Caption and case number of related cases:

IF YOU CHECKED "NO" FOR #6, SKIP. IF YOU CHECKED "YES" FOR #6, PRINT THE CAPTION AND CASE NUMBER FOR EACH RELATED CASE
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:

IF NECESSARY, PRINT ADDITIONAL INFORMATION REQUIRED BY YOUR COUNTY'S LOCAL RULES

SIGN YOUR NAME
Self-Represented Party

INSTRUCTIONS

MODIFY CHILD SUPPORT WITH AN AGREEMENT
ON ALL ISSUES

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.

FOR THE SECTION ABOVE THE DOTTED LINE, LOOK AT THE
COURT PAPERS YOU HAVE FROM THIS CASE AND COPY THE
INFORMATION HERE AS IT APPEARS ON THOSE COURT PAPERS.

CIVIL APPEARANCE FORM

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

PRINT THE NAME AND SOCIAL SECURITY NUMBER OF
EACH MINOR CHILD YOU HAVE WITH THE OTHER PARTY
WITH WHOM YOU ARE PAYING CHILD 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

INSTRUCTIONS

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COUNTY OF _____) CASE NO. _____
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Petitioner,

V.

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COURT PAPERS YOU HAVE FROM THIS CASE AND COPY THE
INFORMATION HERE AS IT APPEARS ON THOSE COURT PAPERS.

Respondent.

VERIFIED PETITION FOR MODIFICATION OF CHILD SUPPORT

Comes now _____ PRINT YOUR FULL NAME, pro se, and hereby files a Verified Petition for
Modification of Child Support, and states as follows:

1. That parties have PRINT THE NUMBER OF
MINOR CHILDREN THAT
YOU AND THE OTHER
PARTY HAVE TOGETHER _____ minor child(ren), namely:

Name

Date of birth

PRINT THE NAME AND DATE OF BIRTH OF EACH MINOR CHILD

2. On PRINT THE DATE THE
CURRENT CHILD SUPPORT
ORDER WAS ISSUED _____, this Court ordered that PRINT THE NAME OF THE PARENT WHO
WAS ORDERED TO PAY CHILD SUPPORT _____
pay child support to PRINT THE NAME OF THE PARENT
WHO RECEIVES CHILD SUPPORT _____ in the weekly amount of PRINT THE AMOUNT OF CHILD
SUPPORT ORDERED PER WEEK _____
for the above-named child(ren) effective on PRINT THE DATE THE CURRENT CHILD
SUPPORT ORDER STARTED _____.

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:

STATE THE REASON(S) WHY YOU THINK THE AMOUNT OF CHILD SUPPORT ORDERED SHOULD BE CHANGED

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

INSTRUCTIONS

MODIFY CHILD SUPPORT WITH AN AGREEMENT ON ALL ISSUES

WHEREFORE, PRINT YOUR FULL NAME 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.

SIGN YOUR NAME
Signature

PRINT YOUR FULL NAME
PRINT YOUR STREET ADDRESS
PRINT YOUR CITY, STATE AND ZIP CODE

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 PRINT THE DATE YOU WILL FILE THE FORMS.

SIGN YOUR NAME
Signature

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

V.

Respondent.

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COURT PAPERS YOU HAVE FROM THIS CASE AND COPY THE
INFORMATION HERE AS IT APPEARS ON THOSE COURT PAPERS.

AGREED ENTRY FOR MODIFICATION OF CHILD SUPPORT

Comes now PRINT YOUR NAME, pro se, and
PRINT THE OTHER PARTY'S NAME, and submit the following terms as evidence of their agreement
in this matter:

1. That the parties have PRINT THE NUMBER OF
MINOR CHILDREN THAT
YOU AND THE OTHER
PARTY HAVE TOGETHER minor child(ren), namely:

Name

Date of birth

PRINT THE NAME AND DATE OF BIRTH OF EACH MINOR CHILD

_____	_____
_____	_____
_____	_____

2. That on PRINT THE DATE THE
CURRENT CHILD SUPPORT
ORDER WAS ISSUED, this Court ordered that PRINT YOUR NAME
pay child support to PRINT THE OTHER PARTY'S NAME in the weekly amount of PRINT THE AMOUNT OF CHILD
SUPPORT ORDERED PER WEEK
for the above-named child(ren) effective on PRINT THE DATE THE CURRENT CHILD
SUPPORT ORDER STARTED.

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. PRINT YOUR NAME will pay child support to
PRINT THE OTHER PARTY'S NAME in the amount of PRINT THE AMOUNT OF CHILD
SUPPORT PER WEEK BOTH
PARTIES HAVE AGREED SHOULD
REPLACE THE CURRENT ORDER per week for the above
named child(ren).

SIGN YOUR NAME
Your Signature

OTHER PARTY TO SIGN HIS/HER NAME
Other Side's Signature

PRINT THE DATE YOU SIGN YOUR NAME
Date

OTHER PARTY TO PRINT THE DATE HE/SHE SIGNS HIS/HER NAME
Date

INSTRUCTIONS

MODIFY CHILD SUPPORT WITH AN AGREEMENT ON ALL ISSUES

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:

PRINT YOUR FULL NAME _____

PRINT YOUR STREET ADDRESS _____

PRINT YOUR CITY, STATE AND ZIP CODE _____

PRINT THE OTHER PARTY'S FULL NAME _____

PRINT THE OTHER PARTY'S STREET ADDRESS _____

PRINT THE OTHER PARTY'S CITY, STATE AND ZIP CODE _____

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IN RE THE _____ OF:

Petitioner,

V.

Respondent.

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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) _____; 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**).

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(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 Uniform Reciprocal Enforcement of support (URESAs), 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.

_____ 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

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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:

