

## 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 when you are answering these questions.

**YOU MUST COMPLETE THE CHILD SUPPORT WORKSHEET BEFORE YOU BEGIN FILLING OUT THIS FORM, which is located at <http://www.in.gov/judiciary/childsupport/>**

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1. What is the name of the County where you will be filing this divorce? \_\_\_\_\_
2. What is your full name?  
\_\_\_\_\_
3. What is your street address?  
\_\_\_\_\_
4. What is your town, state, and ZIP Code?  
\_\_\_\_\_
5. What is your telephone number, with area code? \_\_\_\_\_
6. What is your email address? \_\_\_\_\_
7. If you have a fax machine number and want to receive service by fax machine, what is your fax machine number, with area code? \_\_\_\_\_
8. If you have used the Attorney General Confidential address in any related cases, select "X": \_\_\_\_\_
9. What is your spouse's full name?  
\_\_\_\_\_
10. What is your spouse's street address?  
\_\_\_\_\_
11. What is your spouse's town, state and ZIP Code?  
\_\_\_\_\_

12. Are there are other Court cases involving yourself and the other party? \_\_\_\_\_ Yes \_\_\_\_\_ No

13. 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: _____

14. How many children do you and your spouse have together? \_\_\_\_\_

15. What is the date that you and your spouse were married? \_\_\_\_\_

16. What is the date that you and your spouse were separated? \_\_\_\_\_

17. Type the name of the person (either you or your spouse) who has lived in the county you will be filing your divorce in for at least the last three months and who has lived in the state of Indiana for at least the last six months.

\_\_\_\_\_

18. What are the full names and birthdays of your children?

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

19. What is the full name of the spouse who you agree will have custody of the children?

\_\_\_\_\_

20. What is the name of the spouse who will pay child support?

\_\_\_\_\_

21. Are there debts and property that need to be divided?      Yes      No

If "yes," list them individually below:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

22. Type the name of the wife in this blank ONLY if she is not pregnant.

\_\_\_\_\_

23. Does the wife want her former name restored?      Yes      No

If "yes," what is the former name she wishes to have restored?

\_\_\_\_\_

24. Please check the box that describes your agreement for physical and legal custody of your children:

I will have sole physical and legal custody.

My spouse will have sole physical and legal custody.

I will have sole physical custody, but my spouse and I will have joint legal custody.

My spouse will have sole physical custody, but my spouse and I will have joint legal custody.

We have other arrangements: \_\_\_\_\_

25. Please check the box that describes your agreement for visitation of your children:

My spouse shall have reasonable visitation as we agree or according to the Indiana Parenting Time guidelines

I shall have reasonable visitation as we agree or according to the Indiana Parenting Time guidelines

We have other arrangements: \_\_\_\_\_

Get out the **Worksheet – Child Support Obligation** form that you filled out earlier, on the page that is named **Child Support Obligation Worksheet (CSOW)**, look at the bottom of that page while you are answering questions 26 through 30.

26. Line 8 is **Recommended Child Support**, what is the amount that it shows? \_\_\_\_\_

27. In the section called **Uninsured Health Care Expense Calculation**, look at A. Custodial Parent Annual Obligation, what is the total amount it shows? \_\_\_\_\_

28. Look at B. Balance of Annual Expense to be Paid, what percentage does it show for Father? \_\_\_\_\_%

29. Look at B. Balance of Annual Expense to be Paid, what percentage does it show for Mother? \_\_\_\_\_%

30. What is the name of the spouse who will be paying for medical, dental, and optical insurance for the children? \_\_\_\_\_

31. What are the names of the children who will have medical, dental, and optical insurance provided for by the spouse listed in #30?

32. In regards to claiming the tax credits, exemptions, and deductions for your minor child(ren), who will be claiming them for federal, state, and local income tax purposes on an annual basis?

I will claim the child(ren) every year

My spouse will claim the child(ren) every year

I will claim the child(ren) in the year \_\_\_\_\_, and every \_\_\_\_\_ year thereafter; my spouse will claim the child(ren) in the year \_\_\_\_\_, and every \_\_\_\_\_ year thereafter

Other: \_\_\_\_\_

33. Do you and your spouse have debt that still needs to be divided?      Yes      No

If you answered "yes," for the debt you will be paying, please type the name of who is owed and how much is owed.

Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Name: \_\_\_\_\_ Amount: \_\_\_\_\_

For the debt your spouse will be paying, type the name of who is owed and how much is owed.

Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Name: \_\_\_\_\_ Amount: \_\_\_\_\_

34. Do you and your spouse have vehicles that still need to be divided?      Yes      No

If you answered "yes," please type the Make, Model and Year of the vehicle(s) that you will take possession.

Vehicle #1: \_\_\_\_\_

Vehicle #2: \_\_\_\_\_

Please type the Make, Model and Year of the vehicle(s) that your spouse will take possession.

Vehicle #1: \_\_\_\_\_

Vehicle #2: \_\_\_\_\_

35. Do you and your spouse have property that still needs to be divided?      Yes      No

If you answered “yes,” please list the property that you will take possession.

Please list the property that your spouse will take possession.

36. For service of this divorce packet, how do you want your spouse to be served? **Please note, there is an additional charge for service by Sheriff. You will need to talk to the Clerk to find the amount you will be charged.**

I want my spouse served by Certified Mail

I want my spouse served by Sheriff at their home address

I want my spouse served by Sheriff at their job, their employer name and address is:

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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.

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

IN RE THE MARRIAGE 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) ;  
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 MARRIAGE 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 MARRIAGE OF:

Petitioner,

V.

Respondent.

**VERIFIED PETITION FOR DISSOLUTION OF MARRIAGE**

The Petitioner, \_\_\_\_\_, now states:

1. Petitioner and Respondent were married on \_\_\_\_\_, and separated on \_\_\_\_\_.
2. \_\_\_\_\_ has been a continuous resident of \_\_\_\_\_ County for the last 3 months.
3. \_\_\_\_\_ has been a continuous resident of the State of Indiana for the last 6 months.
4. There are \_\_\_\_\_ children of the marriage; namely:

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

5. That \_\_\_\_\_ is fit and proper person to have custody of the minor children.
6. Debts and property:

There are no debts / personal property to divide.

Petitioner wishes the Court to divide the following debts / personal property:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

7. \_\_\_\_\_ is not pregnant.

8. Neither party is a member of the military.

9. This marriage has suffered an irretrievable breakdown and should be dissolved.

10. Change of name:

Wife would like her former name of \_\_\_\_\_ restored to her.

Wife does not want to change her name.

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

\_\_\_\_\_  
Signature

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

IN RE THE MARRIAGE OF:

Petitioner,

V.

Respondent.

**VERIFIED WAIVER OF FINAL HEARING**

Come now Petitioner and Respondent pursuant to Ind. Code 31-1-11.5-8 and submit their Verified Waiver of Final Hearing. In support of this Waiver, the parties state that:

1. More than sixty (60) days have elapsed since the filing of Petitioner's Verified Petition for Dissolution of Marriage;
2. Both parties request the Court to approve their Settlement Agreement and Decree of Dissolution of Marriage.
3. Both parties voluntarily waive the opportunity to hold a final hearing on contested issues.

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

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Your Spouse's Signature

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

IN RE THE MARRIAGE OF:

Petitioner,

V.

Respondent.

**DECREE OF DISSOLUTION OF MARRIAGE AND SETTLEMENT AGREEMENT**

The parties having submitted their Settlement Agreement and the court having seen and considered the Verified Petition for Dissolution of Marriage and Verified Waiver of Final Hearing submitted by the parties, now approves the following agreement:

1. The parties were married on \_\_\_\_\_, and separated on \_\_\_\_\_.
2. \_\_\_\_\_ has been a continuous resident of \_\_\_\_\_ County for the last three months, and the State of Indiana for the last six months prior to the filing of the Verified Petition for Dissolution of Marriage.
3. \_\_\_\_\_ is not pregnant.
4. Neither party is a member of the military.
5. There were children born of this marriage; namely;

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

6. The parties agree and state that it is in the best interest of the child(ren) that:

Petitioner shall have sole physical and legal custody of the child(ren).

Respondent shall have sole physical and legal custody of the child(ren).

Petitioner shall have sole physical custody and the parties shall have joint legal custody of the child(ren)

Respondent shall have sole physical custody and the parties shall have joint legal custody of the child(ren).

Other: \_\_\_\_\_

7. The parties have agreed on the following Parenting Time (Visitation) order:

Petitioner shall have reasonable visitation with the minor child(ren) as the parties agree or according to the Indiana Parenting Time guidelines.

Respondent shall have reasonable visitation with the minor child(ren) as the parties agree or according to the Indiana Parenting Time guidelines.

Other: \_\_\_\_\_

8. \_\_\_\_\_ will pay child support in the amount of \_\_\_\_\_ per week, as shown by the attached child support worksheet, through the County Clerk's office, or by income withholding order if available from the employer, beginning on the first Friday following the date of the decree. Said date is \_\_\_\_\_.  
\_\_\_\_\_ will be responsible for the first \_\_\_\_\_ of uninsured medical expenses for the minor child(ren). Thereafter, Father shall be responsible for \_\_\_\_\_% of uninsured medical expenses, and Mother shall be responsible for \_\_\_\_\_% of uninsured medical expenses for the minor child(ren).

9. The parties have agreed on the following provisions for health insurance maintenance:

\_\_\_\_\_ shall maintain medical, dental, and optical insurance as available through employment on the minor child(ren):

10. The parties have agreed on the following arrangement for claiming the tax credits, exemptions, and deductions for the minor child(ren):

Petitioner shall be entitled to claim the minor child(ren) for federal, state, and local income tax purposes on an annual basis; Respondent shall sign all necessary documents that will entitle Petitioner to do so.

Respondent shall be entitled to claim the minor child(ren) for federal, state, and local income tax purposes on an annual basis; Petitioner shall sign all necessary documents that will entitle Respondent to do so.

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.

Other: \_\_\_\_\_

11. The parties have agreed on the following debt division:

The parties already have divided their debts.

Petitioner will be solely responsible for and shall hold Respondent harmless from, the following debts:

<u><i>Name of Creditor</i></u>	<u><i>Amount of Debt</i></u>
_____	_____
_____	_____
_____	_____

Respondent will be solely responsible for, and shall hold Petitioner harmless from the following debts:

<u><i>Name of Creditor</i></u>	<u><i>Amount of Debt</i></u>
_____	_____
_____	_____
_____	_____

12. The parties have agreed on the following vehicle division:

There are no vehicles to divide.

Petitioner will have sole possession of the following vehicles, and Respondent shall execute all documents necessary to transfer title of said vehicles within thirty (30) days of the date of this Order:

\_\_\_\_\_  
*Vehicle #1, Make, Model, and Year*

\_\_\_\_\_  
*Vehicle #2, Make, Model, and Year*

Respondent will have sole possession of the following vehicles, and Petitioner shall execute all documents necessary to transfer title of said vehicles within thirty (30) days of the date of this Order:

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***Vehicle #1, Make, Model, and Year***

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***Vehicle #2, Make, Model, and Year***

13. The parties have agreed on the following property division:

The parties already have divided all items of property.

Petitioner will have sole possession of the following items of property:

Respondent will have sole possession of the following items of property:

14. The marriage has suffered an irretrievable breakdown and should be dissolved.

15. Change of names:

Wife would like her maiden name or previous married name of

\_\_\_\_\_ restored to her.

Wife does not want to change her name.

The parties have disclosed all relevant documents and exchanged all information on value of property, pensions, real estate, and other assets and debts. The parties agree that this division of property is/is not an approximate equal division of the assets and debts. The parties agree that if this division is not a nearly equal division, that the deviation from the presumptive equal division should be accepted by the Court because it is the parties' agreement and neither party has been forced or threatened to accept this agreement.

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

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Your Signature

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:  
\_\_\_\_\_

\_\_\_\_\_  
Your Spouse's Signature

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** by the Court that the parties' marriage is hereby dissolved, and the  
terms of their agreement as set out above shall be incorporated into this Order.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

Distribution:



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

IN RE THE MARRIAGE OF:

Petitioner,

V.

Respondent.

**SUMMONS**

[For Dissolution of Marriage Cases Only]

The State of Indiana to Respondent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You have been sued by your spouse for dissolution of your marriage. The case is pending in the Court named above.

In order to participate in the proceedings, you must enter a written appearance in person or by your attorney. In the event you do not enter a written appearance within sixty (60) days of the date hereof, your marriage can be dissolved by Decree of the Court by default. In the event a Decree is entered by default, it may contain a judgment against you and provisions regarding the custody of your child/children, support for your child/children, parenting time (visitation) with your child/children, distribution of assets, and payment of debts. The Decree may also require you to take actions or refrain from actions in order to carry out the terms of the Court's Decree. If you do not enter a written appearance, you will receive no further notice of these proceedings.

If you wish to countersue, you must do so by written petition filed herein not more than sixty (60) days from the date hereof.

Dated: \_\_\_\_\_  
Clerk, \_\_\_\_\_ County

The following manner of Service of Summons is hereby designated:

- Registered / Certified Mail to be sent by the Clerk
- Service by Sheriff on Individual at address shown above
- Service by Sheriff at place of employment, **(name and address of spouse's employer):**

\_\_\_\_\_

**SHERIFF'S RETURN OF SERVICE OF SUMMONS**

I hereby certify that I have served this summons on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_:

- 1. By delivering a copy of the Summons and a copy of the Petition to the Respondent identified on the first page of Summons.
- 2. By leaving a copy of the Summons and a copy of the Petition at \_\_\_\_\_, which is the dwelling place or usual place of abode of and by mailing a copy of the Summons to the Respondent at the above address.
- 3. Other Service or Remarks: \_\_\_\_\_

Sheriff's Costs	Sheriff
	By: _____
	Deputy

**CLERK'S CERTIFICATE OF MAILING**

I hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_, I mailed a copy of this Summons and a copy of the Petition to the Respondent identified on the first page of the Summons by (registered or certified mail), [ ] requesting a return receipt, at the address provided by the Petitioner.

Dated: _____, 20____	Clerk, _____ County
	By: _____
	Deputy

**RETURN ON SERVICE OF SUMMONS BY MAIL**

I hereby certify that the attached receipt was received by me showing that the Summons and a copy of the Petition mailed to the Respondent identified on the first page of this Summons was accepted by the Respondent on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

I hereby certify that the attached return receipt was received by me showing that the Summons and a copy of the Petition was returned not accepted on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

I hereby certify that the attached return receipt was received by me showing that the Summons and a copy of the Complaint mailed to the Respondent identified on the first page of this Summons was accepted by \_\_\_\_\_ on behalf of the Respondent on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

	Clerk, _____ County
	By: _____
	Deputy