

# INSTRUCTIONS

# DIVORCE WITH CHILDREN WITH AGREEMENT

40

STATE OF INDIANA ) IN THE NAME OF COUNTY SUPERIOR/CIRCUIT COURT  
 ) SS: CIVIL DIVISION, ROOM \_\_\_\_\_  
 COUNTY OF NAME OF COUNTY ) CAUSE NO. \_\_\_\_\_

IN RE THE MARRIAGE OF:

YOUR FULL NAME  
 Petitioner,

v.

YOUR SPOUSE'S FULL NAME  
 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: YOUR FULL NAME 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 documents 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 the whereabouts of the petitioner.)*

Address: YOUR ADDRESS  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Email address: YOUR EMAIL ADDRESS

→  I will accept service at the above email address

Phone: YOUR PHONE

Fax: YOUR FAX NUMBER

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

Attorney General confidential address

CHECK THIS BOX IF YOU WOULD LIKE TO RECEIVE COURT DOCUMENTS THROUGH A CONFIDENTIAL ADDRESS PROVIDED BY THE ATTORNEY GENERAL'S OFFICE. THIS IS USUALLY USED IN CASES INVOLVING DOMESTIC VIOLENCE.

IF YOU ARE THE PERSON STARTING THE CASE, CHECK 'INITIATING'. IF YOU ARE THE PERSON ANSWERING THE CASE (YOU ARE THE RESPONDENT) CHECK 'RESPONDING'.

IF YOU CHECK THIS BOX YOU MAY NOT GET ANY DOCUMENTS BY MAIL. ALL YOUR COURT DOCUMENTS MAY BE EMAILED TO YOU.



# INSTRUCTIONS

# DIVORCE WITH CHILDREN WITH AGREEMENT

STATE OF INDIANA ) IN THE NAME OF COUNTY SUPERIOR/CIRCUIT COURT  
 ) SS: CIVIL DIVISION, ROOM \_\_\_\_\_  
 COUNTY OF NAME OF COUNTY CAUSE NO. \_\_\_\_\_

IN RE THE MARRIAGE OF:

YOUR FULL NAME

Petitioner,

v.

YOUR SPOUSE'S FULL NAME

Respondent.

## SUMMONS

*[For Dissolution of Marriage Cases Only]*

The State of Indiana to Respondent: YOUR SPOUSE'S NAME AND ADDRESS

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

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

If this Summons is accompanied by a Notice of Hearing, you must appear in Court on the date and time stated on the Notice of Hearing. IF YOU DO NOT APPEAR, EVIDENCE MAY BE HEARD AND A DECISION MAY BE MADE BY THE COURT. If a Temporary Restraining Order is issued, it is effective immediately upon your receipt or knowledge of the Order.

If you wish to retain an attorney to represent you in the matter, it is advisable to do so before the date stated on the Notice of Provisional Hearing.

If you take no action in this case after receipt of this Summons, the Court can grant a Dissolution of Marriage and/or make a determination that may include but not limited to any of the following: paternity, child custody, child support, maintenance, visitation, property (real or personal), and other distribution of assets and debts, attorney fees and costs.

Dated: LEAVE BLANK

LEAVE BLANK

, Clerk

LEAVE BLANK

, County

CHECK THE BOX THAT SAYS HOW YOU WOULD LIKE YOUR SPOUSE TO BE SERVED. EACH METHOD HAS AN ADDITIONAL COST.

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\_\_\_\_.

LEAVE THIS SECTION BLANK

By delivering a copy of the Summons and a copy of the complaint to the Respondent identified on the first page of Summons.

By leaving a copy of the Summons and a copy of the complaint 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.

Other Service or Remarks: \_\_\_\_\_

LEAVE BLANK

LEAVE BLANK

Sheriff's costs

Sheriff

By: LEAVE BLANK

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.

LEAVE THIS SECTION BLANK

Dated: LEAVE BLANK \_\_\_\_\_

LEAVE BLANK \_\_\_\_\_

Clerk, LEAVE BLANK \_\_\_\_\_ County

**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 \_\_\_\_.

LEAVE THIS SECTION BLANK

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 Petition 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 \_\_\_\_.

Dated: \_\_\_\_\_ LEAVE BLANK

\_\_\_\_\_  
Clerk LEAVE BLANK \_\_\_\_\_ County

INSTRUCTIONS  
DIVORCE WITH CHILDREN  
WITH AGREEMENT

# INSTRUCTIONS

# DIVORCE WITH CHILDREN WITH AGREEMENT

STATE OF INDIANA ) IN THE NAME OF COUNTY SUPERIOR/CIRCUIT COURT  
 ) SS: CIVIL DIVISION, ROOM \_\_\_\_\_  
 COUNTY OF NAME OF COUNTY) CAUSE NO. \_\_\_\_\_

IN RE THE MARRIAGE OF:

YOUR FULL NAME

Petitioner,

v.

YOUR SPOUSE'S FULL NAME

Respondent.

## VERIFIED PETITION FOR DISSOLUTION OF MARRIAGE

LEAVE BLANK With Request for Provisional Orders

The Petitioner, YOUR NAME, now states:

1. Petitioner and Respondent were married on DAY, MONTH AND YEAR YOU WERE MARRIED, and separated on DAY, MONTH AND YEAR YOU WERE SEPARATED.
2. NAME OF PARTY WHO HAS LIVED IN COUNTY FOR THREE MONTHS has been a continuous resident of NAME OF COUNTY YOU ARE FILING IN County for the last three months.
3. OTHER PARTY'S NAME has been a continuous resident of the State of Indiana for the last six months.
4. Children:

There are no children of the marriage.  
 There are NUMBER children of the marriage, namely:

Name	Date of Birth
<u>NAME OF CHILDREN</u>	<u>DATE OF BIRTH</u>
_____	_____
_____	_____
_____	_____

NAME OF PARENT YOU WANT TO HAVE CUSTODY

And that NAME OF PARENT is the fit and proper person to have custody of the minor child(ren).

There are no other open cases related to this child.  
 There are other open cases related to this child. They are \_\_\_\_\_

INDICATE WHETHER THERE ARE OTHER OPEN RELATED CASES. IF THERE ARE, LIST THEM BELOW.

Location (County and State)

Cause/Case Number

_____	_____
_____	_____
_____	_____
_____	_____

CHECK THE FIRST BOX IF THERE ARE NO DEBTS OR PERSONAL PROPERTY TO DIVIDE.

5. Debts and property.

There are no debts/personal property to divide.

Petitioner wishes the court to divide the following debts/personal property.

a. LIST THE ITEMS OR DEBTS

\_\_\_\_\_

b. \_\_\_\_\_

\_\_\_\_\_

c. \_\_\_\_\_

\_\_\_\_\_

d. \_\_\_\_\_

6. NAME OF WIFE IF SHE IS NOT PREGNANT is not pregnant.

7. Neither party is a member of the military

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

9. Change of name:

Petitioner would like the following former name restored: IF YOU WOULD LIKE YOUR FORMER NAME RESTORED, ENTER IT HERE

Petitioner does not request a name change.

**I request that this Court issue its order dissolving the marriage of the parties, and for all other just and proper relief and until this matter is finalized:**

CHECK THE TOP BOX

I do not request any provisional orders.

I request the following provisional orders (for divorce without agreement only):

Temporary custody of the minor child(ren);

Temporary child support for the minor child(ren);

- Temporary parenting time for the noncustodial parent;
  - Temporary possession of the marital residence;
  - Temporary division of debts;
  - Temporary division of property;
  - Spousal maintenance;
  - Restraining the parties from removing the child(ren) from the state without the permission of the court or all parties;
  - Restraining the parties from transferring, encumbering, concealing, or in any way disposing any of the property of the parties;
  - Other: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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

PRINT THIS DOCUMENT AND SIGN HERE WITH A PEN

Signature

CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of this document by first class mail to the other party's lawyer, or the other party if the other party is not represented by a lawyer, on this DAY \_\_\_\_\_ day of MONTH \_\_\_\_\_ 20 YEAR \_\_\_\_\_.

PRINT THIS DOCUMENT AND SIGN HERE WITH A PEN

Signature

INSTRUCTIONS  
DIVORCE WITH CHILDREN  
WITH AGREEMENT



**INSTRUCTIONS**

**DIVORCE WITH CHILDREN WITH AGREEMENT**

STATE OF INDIANA )  
 )  
COUNTY OF NAME OF COUNTY )

IN THE NAME OF COUNTY SUPERIOR/CIRCUIT COURT  
CIVIL DIVISION, ROOM \_\_\_\_\_  
CAUSE NO. ENTER THE CAUSE NUMBER HERE

IN RE THE MARRIAGE OF:

YOUR FULL NAME

Petitioner,

v.

SPOUSE'S FULL NAME

Respondent.

**DO NOT FILE THIS FORM WITH THE COURT UNTIL 60 DAYS HAVE PASSED SINCE THE FILING OF THE VERIFIED PETITION FOR DISSOLUTION**

**VERIFIED WAIVER OF FINAL HEARING**

Come now Petitioner and Respondent pursuant to Indiana Code 31-15-2 and submit their Verified Waiver of Final Hearing. In support of this Waiver, the parties state that:

1. More than sixty (60) days have passed 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 and have signed below before filing this document with the court.

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

PRINT THIS DOCUMENT AND SIGN HERE

PRINT THIS DOCUMENT AND SIGN HERE

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

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

Address:

YOUR STREET ADDRESS

Address:

SPOUSE'S STREET ADDRESS

CITY, STATE AND ZIP CODE

CITY, STATE AND ZIP CODE

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

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

# INSTRUCTIONS

# DIVORCE WITH CHILDREN AND WITH AGREEMENT

STATE OF INDIANA )  
 )  
COUNTY OF NAME OF COUNTY )

IN THE NAME OF COUNTY SUPERIOR/CIRCUIT COURT  
SS: CIVIL DIVISION, ROOM \_\_\_\_\_  
CAUSE NO. TYPE THE CAUSE NUMBER HERE

IN RE THE MARRIAGE OF:

YOUR NAME

Petitioner,

v.

YOUR SPOUSE'S NAME

Respondent.

## DECREE OF DISSOLUTION OF MARRIAGE

DO NOT CHECK THIS BOX

The Court having reviewed the Verified Petition for Dissolution of Marriage and having held a final hearing in this matter, now finds the following:

CHECK THIS BOX

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

- The parties were married on MONTH, DAY AND YEAR YOU WERE MARRIED and separated on MONTH, DAY AND YEAR YOU WERE SEPARATED.
- PARTY WHO HAS LIVED IN COUNTY FOR LAST 3 MONTHS has been a continuous resident of NAME OF COUNTY IN WHICH THIS IS FILED 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.
- IS' OR 'IS NOT' pregnant.
- Neither party is a member of the military.

5. Children:

DO NOT CHECK THIS BOX  There are no children of the marriage.

CHECK THIS BOX  There are NUMBER children of the marriage; namely:

ENTER THE NAME OF THE WIFE IN THIS BLANK. IF SAME SEX COUPLE, ENTER 'NEITHER PARTY'.

Name	Date of Birth
NAME AND DATE OF BIRTH OF	
EACH CHILD YOU HAVE WITH	
YOUR SPOUSE	

**6. Custody and care of the minor child(ren).**

It is in the best interest of the child(ren) that:

- The parties shall have joint legal custody over the minor child(ren) with Petitioner being the primary custodial parent.
- The parties shall have joint legal custody over the minor child(ren) with Respondent being the primary custodial parent.
- Petitioner shall have sole legal custody of the minor child(ren) and shall be the primary custodial parent.
- Respondent shall have sole legal custody of the minor child(ren) and shall be the primary custodial parent.
- Other: *(please describe in detail):*

BEFORE FILLING OUT SECTION 6, PLEASE REVIEW THE INDIANA PARENTING TIME GUIDELINES WHICH CAN BE FOUND HERE: [HTTP://WWW.IN.GOV/JUDICIARY/RULES/PARENTING/](http://www.in.gov/judiciary/rules/parenting/) CUSTODY AGREEMENTS SHOULD BE MADE IN CONSIDERATION OF THE BEST INTEREST OF THE CHILD(REN). THERE ARE TWO TYPES OF CUSTODY IN INDIANA, PHYSICAL AND LEGAL. PHYSICAL CUSTODY REFERS TO WHERE THE CHILD(REN) PRIMARILY LIVE. LEGAL CUSTODY REFERS TO THE ABILITY TO MAKE MAJOR LIFE DECISIONS THAT ARISE IN THE CHILDREN'S LIFE SUCH AS EDUCATION, HEALTHCARE AND RELIGIOUS TRAINING.

THE CUSTODIAL PARENT IS THE PARENT WHO HAS PHYSICAL CUSTODY OF THE CHILD(REN) THE MAJORITY OF THE TIME. THE NON-CUSTODIAL PARENT IS THE PARENT WHO DOES NOT HAVE PHYSICAL CUSTODY THE MAJORITY OF THE TIME, BUT WHO HAS PARENTING TIME WITH THE CHILD(REN) ACCORDING TO THE INDIANA PARENTING TIME GUIDELINES.

**7. Parenting time.**

Parenting time with the minor child(ren) shall be as follows:

- |   |                                     |  |
|---|-------------------------------------|--|
| { | <input type="checkbox"/> Petitioner | Shall have parenting time with the minor child(ren), at a minimum, as set out by the Parenting Time Guidelines |
|   | <input type="checkbox"/> Respondent |  |

-OR-

CHECK THE BOX THAT CORRESPONDS TO THE PARTY WHO WILL HAVE PARENTING TIME FOLLOWING THE PARENTING TIME GUIDELINES (VISITATION) OR, DO NOT CHECK A BOX AND WRITE OUT YOUR PLAN BELOW

Other. The parties agree that it is in the best interests of the minor child(ren) to follow a parenting time schedule that does NOT follow the Indiana Parenting Time Guidelines (please describe the schedule in detail and give reasons why the alternative schedules is justified).

CHECK THIS BOX AND DETAIL THE PARENTING TIME SCHEDULE IF IT IS DIFFERENT FROM WHAT IS RECOMMENDED BY THE PARENTING TIME GUIDELINES. THE DETAILS SHOULD INCLUDE WHY THE ALTERNATIVE SCHEDULED IS JUSTIFIED.

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**8. Child support.**

Petitioner

Respondent

BEFORE FILLING OUT THIS SECTION, PLEASE USE THE CHILD SUPPORT CALCULATOR TO GENERATE THE CHILD SUPPORT OBLIGATION WORKSHEET. YOU WILL NEED TO ATTACH THE COMPLETED CHILD SUPPORT OBLIGATION WORKSHEET.

CHECK THE BOX OF THE PERSON WHO WILL BE REQUIRED TO PAY WEEKLY CHILD SUPPORT.

IN THE BLANK, ENTER THE DOLLAR AMOUNT PER WEEK THAT THE PARENT WILL BE REQUIRED TO PAY ACCORDING TO THE CHILD SUPPORT OBLIGATION WORKSHEET.

will pay child support in the amount of \_\_\_\_\_ per week as shown by the attached child support worksheet,

beginning on the first Friday following the date of the Decree. 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 an immediately activated Income Withholding Order pursuant to IC 31-16-15 to any employer or income provider of the child support obligor.

CHECK A BOX ONLY IF PARENTING TIME IS EQUALLY SHARED.

Petitioner  
 Respondent

Shall be responsible for all controlled expenses related to the upbringing of the minor child(ren). (For use only in cases when parenting time is equally shared.)

CONTROLLED EXPENSES ARE EVERYDAY EXPENSES THAT ARE NECESSARY, BUT NOT ALWAYS EASY TO PLAN FOR. EXAMPLES ARE SCHOOL SUPPLIES, WINTER COATS, SUPPLIES FOR A SCHOOL PROJECT ETC.

CHECK THE BOX OF PERSON WHO WILL RECEIVE CHILD SUPPORT

Petitioner  
 Respondent

AMOUNT ON CHILD SUPPORT WORKSHEET, UNINSURED HEALTHCARE EXPENSE, CALCULATION A. \_\_\_\_\_ of will be responsible for the first \_\_\_\_\_ of uninsured health and medical, dental, optical, hospital and prescription expenses for the minor child(ren). Thereafter, Petitioner shall be responsible for \_\_\_\_\_% of CALCULATION B uninsured medical expenses for the minor child(ren), and Respondent will be responsible for the \_\_\_\_\_% of CALCULATION C uninsured medical expenses for the minor child(ren).

PARENTS MUST SUPPORT THEIR CHILDREN. IF YOU BELIEVE ONE PARENT IS IN DEBT TO THE OTHER FOR THE COST TO SUPPORT THE CHILDREN, YOU SHOULD CONSULT AN ATTORNEY BEFORE FILING THIS IN.

CHECK THE BOX THAT CORRESPONDS WITH THE PARTY WHO WILL BE RESPONSIBLE FOR MAINTAINING MEDICAL, DENTAL AND OPTICAL INSURANCE FOR THE MINOR CHILD(REN).

CHECK THIS BOX IF NEITHER PARTY HAS HEALTH INSURANCE AVAILABLE AT A REASONABLE COST. YOU MUST ATTACH THE REQUIRED DOCUMENTS. IF HEALTH INSURANCE BECOMES AVAILABLE AT A REASONABLE COST, YOU MUST PROVIDE THE INSURANCE.

- Petitioner
- Respondent

will be responsible to pay a child support arrearage in the amount of \$ \_\_\_\_\_ which has accrued during the pendency of this proceeding. Such arrearage shall be paid in the periodic amount of \$ \_\_\_\_\_ per week in addition to the current support rendered above, until such arrearage has been satisfied.

**9. Health insurance.**

The provisions for health insurance maintenance shall be as follows:

- Petitioner shall maintain medical, dental and optical insurance as available through employment, or Health Insurance Marketplace, or by government provided insurance for the minor children.
- Respondent shall maintain medical, dental and optical insurance as available through employment, or Health Insurance Marketplace, or by government provided insurance for the minor children.

-OR-

Health insurance for the minor 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 order to qualify, the parent must attach either (1) an Exemption Certificate under the Affordable Care Act showing the parent has been granted an exemption from the requirement to purchase insurance, or (2) sufficient evidence to demonstrate the parent's income is below the federal tax filing threshold. In the event that health insurance for the children 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.

**10. Taxes.**

The arrangement for claiming the tax credits, exemptions and deductions for the minor children shall be as follows:

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

**12. Individual debt.**

The individual debt division shall be as follows:

Debts held in Petitioner's name only:

CHECK THIS BOX IF THE PETITIONER ONLY WILL BE RESPONSIBLE FOR THE DEBT IN PETITIONER'S NAME ONLY.

Petitioner shall be solely responsible for all debts held in his/her individual name, and all debts incurred by him/her in his/her name since the date of final separation.

Petitioner agrees to hold Respondent harmless from liability, expense, attorney's fees, and loss which may be incurred by Respondent, arising out of Petitioner's failure to pay such debts.

Other:

IF YOU DID NOT CHECK STATING THAT PETITIONER WILL PAY PETITIONER'S DEBT, DESCRIBE HOW YOU WILL DIVIDE THE DEBT THAT IS IN PETITIONER'S NAME ONLY. THE COURT'S ASSIGNMENT OF RESPONSIBILITY WILL NOT STOP A CREDITOR FROM COLLECTING MONEY FROM THE PETITIONER IF THE DEBT IS NOT PAID.

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

Debts held in Respondent's name only:

CHECK THIS BOX IF THE RESPONDENT ONLY WILL BE RESPONSIBLE FOR THE DEBT IN RESPONDENT'S NAME ONLY.

Respondent shall be solely responsible for all debts held in his/her individual name, and all debts incurred by him/her in his/her name since the date of final separation.

Respondent agrees to hold Petitioner harmless from liability, expense, attorney's fees, and loss which may be incurred by Petitioner, arising out of Respondent's failure to pay such debts.

Other:

IF YOU DID NOT CHECK THE BOX ABOVE STATING THAT RESPONDENT WILL PAY RESPONDENT'S DEBT, DESCRIBE HOW YOU WILL DIVIDE THE DEBT THAT IS IN RESPONDENT'S NAME ONLY. THE COURT'S ASSIGNMENT OF RESPONSIBILITY WILL NOT STOP A CREDITOR FROM COLLECTING MONEY FROM THE RESPONDENT IF THE DEBT IS NOT PAID.

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

**13. Vehicles.**

The vehicle division shall be as follows:

CHECK THIS BOX IF THERE ARE NO VEHICLES TO DIVIDE

There are no vehicles to divide.

CHECK THIS BOX IF PETITIONER WILL HAVE SOLE POSSESSION AND OWNERSHIP OF ONE OR MORE OF THE VEHICLES

Petitioner shall have possession of the following vehicle(s), and Respondent shall execute all documents necessary to transfer title of said vehicles within a reasonable time following the date of this Order:

LIST THE VEHICLES OF WHICH PETITIONER WILL HAVE SOLE POSSESSION AND OWNERSHIP

(Vehicle #1, Make, Model and Year)

(Vehicle #2, Make, Model and Year)

CHECK THIS BOX IF RESPONDENT WILL HAVE SOLE POSSESSION AND OWNERSHIP OF ONE OR MORE OF THE VEHICLES

Respondent shall have possession of the following vehicle(s), and Petitioner shall execute all documents necessary to transfer title of said vehicles within a reasonable time following the date of this Order:

LIST THE VEHICLES OF WHICH RESPONDENT WILL HAVE SOLE POSSESSION AND OWNERSHIP

(Vehicle #1, Make, Model and Year)

(Vehicle #2, Make, Model and Year)

CHECK THIS BOX IF THERE IS OUTSTANDING DEBT RELATED TO THE VEHICLES. IF THERE IS OUTSTANDING DEBT, MAKE SURE IT IS LISTED IN PARAGRAPH 12.

All outstanding debt related to the above listed vehicles as been allocated in paragraph number 12 of this Agreement/Order.

**14. Personal property.**

The parties' personal property division shall be as follows:

CHECK THIS BOX IF PERSONAL PROPERTY HAS ALREADY BEEN DIVIDED

The parties already have divided all items of property.

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

DESCRIBE THE ITEMS HERE

CHECK THIS BOX IF THERE IS PERSONAL PROPERTY THAT HAS NOT ALREADY BEEN DIVIDED AND WILL BELONG ONLY TO THE PETITIONER.

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

DESCRIBE THE ITEMS HERE

CHECK THIS BOX IF THERE IS PERSONAL PROPERTY THAT HAS NOT ALREADY BEEN DIVIDED AND WILL BELONG ONLY TO THE RESPONDENT.

**15. Marital Residence.**

CHECK THIS BOX IF ONE OR BOTH OF THE PARTIES ARE OWNERS OF THE MARITAL RESIDENCE.

The parties are owners of real estate located at ENTER THE ADDRESS OF THE REAL ESTATE OWNED JOINTLY and the parties agree that:

CHECK THE BOX THAT CORRESPONDS TO THE PARTY THAT WILL HAVE POSSESSION OF THE MARITAL RESIDENCE

Petitioner shall retain/take possession and shall become the sole owner of said real estate.  
 Respondent

CHECK THE BOX THAT CORRESPONDS TO THE PARTY THAT WILL MOVE OUT OF THE MARITAL RESIDENCE

Petitioner shall vacate the marital residence by ENTER THE DATE BY WHICH THE PARTY MUST MOVE OUT  
 Respondent

CHECK THE BOX THAT CORRESPONDS TO THE PARTY THAT WILL BE RESPONSIBLE FOR PAYING PROPERTY TAXES AND HOMEOWNERS INSURANCE

Petitioner shall be responsible for all payments related to property taxes and homeowners insurance and shall receive the deductions for mortgage interest and taxes.  
 Respondent

CHECK THE BOX THAT CORRESPONDS TO THE PARTY THAT WILL TRANSFER HIS/HER OWNERSHIP INTEREST IN THE MARITAL PROPERTY.

Petitioner shall transfer, by Quitclaim Deed, his/her interest in said real estate to the party retaining possession of the marital residence by DATE BY WHICH TRANSFER WILL OCCUR.  
 Respondent

CHECK THE BOX THAT CORRESPONDS TO THE PARTY THAT WILL REFINANCE THE MORTGAGE SO THAT THE MORTGAGE IS IN THAT PERSON'S NAME ONLY

Petitioner agrees to refinance the mortgage debt related to the marital residence and make a good faith effort to obtain a release of the other party on said debt on the earliest possible date.  
 Respondent

Upon release of the other party from mortgage debt, the other party shall transfer, by Quitclaim Deed, his/her interest in said real estate. The party assuming responsibility for mortgage agrees to hold the other party harmless from all liability, expense, attorney fees, loss or damages which may be a result of a failure to make payments on said mortgage debt.

IF THE PARTIES AGREE TO DEAL WITH THE MARITAL RESIDENCE IN A DIFFERENT WAY (FOR EXAMPLE: DO BOTH PARTIES AGREE TO SELL THE RESIDENCE AND SPLIT THE PROCEEDS?) CHECK THIS BOX.

Other DESCRIBE THE WAY THE PARTIES HAVE AGREED TO DEAL WITH THE MARITAL RESIDENCE.



CHECK THIS BOX IF THE PARTIES ARE LEGALLY RESPONSIBLE ON A LEASE FOR A RESIDENCE.

The parties are jointly responsible on a lease for a residence located at \_\_\_\_\_, and the parties agree

that:

CHECK THE BOX THAT CORRESPONDS TO THE PARTY THAT WILL RETAIN POSSESSION OF THE LEASED RESIDENCE.



Petitioner  
 Respondent

shall retain possession of the leased premises, be responsible for the remaining rental payment and fees due under said lease, and agrees to hold the other party harmless from all liability, expense, attorney fees, loss or damage which may be a result of the failure to make required payments under said lease.

CHECK THE BOX THAT CORRESPONDS TO THE PARTY THAT WILL BE MOVING OUT OF THE LEASED RESIDENCE.



Petitioner  
 Respondent

shall vacate the leased residence by \_\_\_\_\_ MONTH, DAY AND YEAR.

CHECK THIS BOX IF YOU HAVE AGREED TO A DIFFERENT PLAN FOR WHAT WILL HAPPEN TO THE RENTED HOME

Other

EXPLAIN YOUR PLAN FOR HANDLING THE LEASE AT YOUR RENTED HOME

INSTRUCTIONS  
DIVORCE WITH CHILDREN  
WITH AGREEMENT

16. Change of names.

CHECK THIS BOX IF PETITIONER WOULD LIKE HIS/HER NAME RESTORED

Petitioner would like the following former name restored and shall hereinafter be known as: \_\_\_\_\_ ENTER FORMER NAME THAT PETITIONER WOULD LIKE TO USE FROM NOW ON \_\_\_\_\_.

CHECK THIS BOX IF RESPONDENT WOULD LIKE HIS/HER NAME RESTORED

Respondent would like the following former name restored and shall hereinafter be known as: \_\_\_\_\_ ENTER FORMER NAME THAT RESPONDENT WOULD LIKE TO USE FROM NOW ON \_\_\_\_\_.

CHECK THIS BOX IF NEITHER PARTY IS REQUESTING A NAME CHANGE

Neither Petitioner nor Respondent requests a name change.

17. The marriage has suffered and irretrievable breakdown and should be dissolved.

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

PRINT THIS DOCUMENT, ONCE IN FRONT OF A NOTARY, PETITIONER SHOULD SIGN HERE

\_\_\_\_\_  
Petitioner's signature

STATE OF INDIANA     )  
  )SS:  
COUNTY OF \_\_\_\_\_)

Before me \_\_\_\_\_, a notary public \_\_\_\_\_  
County, State of Indiana, personally appeared \_\_\_\_\_  
and 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 \_\_\_\_\_

PRINT THIS DOCUMENT, ONCE IN FRONT OF A NOTARY, RESPONDENT SHOULD SIGN HERE.

\_\_\_\_\_  
Respondent's signature

STATE OF INDIANA     )  
  )SS:  
COUNTY OF \_\_\_\_\_)

Before me \_\_\_\_\_, a notary public \_\_\_\_\_  
County, State of Indiana, personally appeared \_\_\_\_\_  
and 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 \_\_\_\_\_

THIS WILL  
BE FILLED  
OUT BY A  
NOTARY

THIS WILL  
BE FILLED  
OUT BY A  
NOTARY

INSTRUCTIONS  
DIVORCE WITH CHILDREN  
WITH AGREEMENT

**18. Findings of the Court.**

The parties have disclosed all relevant documents and have exchanged all information on value of property, pensions, real estate, and other assets and debts. This document represents an agreement submitted by the parties for approval by the Court. The parties have submitted a waiver of final hearing and have agreed that the property distribution provisions of this agreement represent a just and reasonable division of the marital estate and debts.

THIS PART  
(SECTION  
18)  
WILL BE  
FILLED  
OUT BY  
THE  
JUDGE

The Court, having held a hearing during which both parties appeared and presented evidence, now finds that the property distribution provisions of this order:

constitute a presumptive equal division of marital property and is therefore just and reasonable.

do not constitute the presumptive equal division of marital property, however are, for the reasons set forth below, just and reasonable:

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

INSTRUCTIONS  
DIVORCE WITH CHILDREN  
WITH AGREEMENT

IT IS THEREFORE ORDERED by the Court that the parties' marriage is hereby dissolved.

Date: LEAVE BLANK

LEAVE BLANK

Judicial Officer

Distribution:

Petitioner's Name and Mailing Address:  
ENTER PETITIONER'S NAME AND  
MAILING ADDRESS  
\_\_\_\_\_  
\_\_\_\_\_

Respondent's Name and Mailing Address:  
ENTER RESPONDENT'S NAME AND  
MAILING ADDRESS  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF INDIANA ) IN THE \_\_\_\_\_ COURT  
 ) SS: CIVIL DIVISION, ROOM \_\_\_\_\_  
 COUNTY OF \_\_\_\_\_ ) CAUSE NO. \_\_\_\_\_

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

\_\_\_\_\_  
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 documents 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 the whereabouts of the petitioner.)

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Email address: \_\_\_\_\_

I will accept service at the above 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

3. This is a \_\_\_\_\_ case type as defined in Administrative Rule 8(B)(3).  
(This clerk will tell you the case type if you don't know it, so you may *handwrite* your response at the Clerk's Office.)

4. There are related cases: (If yes, please indicate below)

<input checked="" type="radio"/>	Yes
<input type="radio"/>	No

Caption and case number of related cases:

Caption: _____	Case No.: _____
Caption: _____	Case No.: _____
Caption: _____	Case No.: _____
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 if the opposing party is not represented by an attorney on

\_\_\_\_\_.

\_\_\_\_\_  
Signature

STATE OF INDIANA ) IN THE \_\_\_\_\_ COURT  
 ) SS: CIVIL DIVISION, ROOM \_\_\_\_\_  
COUNTY OF \_\_\_\_\_ ) CAUSE NO. \_\_\_\_\_

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

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

v.

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

**VERIFIED PETITION FOR DISSOLUTION OF MARRIAGE**

With Request for Provisional Orders

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 three months.
3. \_\_\_\_\_ has been a continuous resident of the State of Indiana for the last six months.
4. Children:

There are no children of the marriage.

There are \_\_\_\_\_ children of the marriage, namely:

Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

And that \_\_\_\_\_ is the fit and proper person to have custody of the minor child(ren).

There are no other open cases related to this child.

There are other open cases related to this child. They are:

Location (County and State)

Cause/Case Number

_____	_____
_____	_____
_____	_____
_____	_____

5. 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. \_\_\_\_\_

6. \_\_\_\_\_ is not pregnant.

7. Neither party is a member of the military.

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

9. Change of name:

Wife would like the following former name restored: \_\_\_\_\_

Wife does not request a name change.

**I request that this Court issue its order dissolving the marriage of the parties, and for all other just and proper relief and until this matter is finalized:**

I do not request any provisional orders.

I request the following provisional orders (*for divorce without agreement only*):

Temporary custody of the minor child(ren);

Temporary child support for the minor child(ren);

- Temporary parenting time for the noncustodial parent;
- Temporary possession of the marital residence;
- Temporary division of debts;
- Temporary division of property;
- Spousal maintenance;
- Restraining the parties from removing the child(ren) from the state without the permission of the court or all parties;
- Restraining the parties from transferring, encumbering, concealing, or in any way disposing any of the property of the parties;
- Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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 document by first class mail to the other party's lawyer, or the other party if the other party is not represented by a lawyer, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 Signature



STATE OF INDIANA ) IN THE \_\_\_\_\_ COURT  
 ) SS: CIVIL DIVISION, ROOM \_\_\_\_\_  
COUNTY OF \_\_\_\_\_ ) CAUSE NO. \_\_\_\_\_

IN RE THE \_\_\_\_\_ 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 marriage. The case is pending in the Court named above.

If this Summons is accompanied by a Notice of Hearing, you must appear in Court on the date and time stated on the Notice of Hearing. **IF YOU DO NOT APPEAR, EVIDENCE MAY BE HEARD AND A DECISION MAY BE MADE BY THE COURT.** If a Temporary Restraining Order is issued, it is effective immediately upon your receipt or knowledge of the Order.

If you wish to retain an attorney to represent you in the matter, it is advisable to do so before the date stated on the Notice of Provisional Hearing.

If you take no action in this case after receipt of this Summons, the Court can grant a Dissolution of Marriage and/or make a determination that may include but not limited to any of the following: paternity, child custody, child support, maintenance, visitation, property (real or personal), and other distribution of assets and debts, attorney fees and costs.

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\_\_\_\_.

\_\_\_\_\_ By delivering a copy of the Summons and a copy of the complaint to the Respondent identified on the first page of Summons.

\_\_\_\_\_ By leaving a copy of the Summons and a copy of the complaint 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.

\_\_\_\_\_ 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: \_\_\_\_\_

\_\_\_\_\_  
Clerk, \_\_\_\_\_ County

**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 Petition 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 \_\_\_\_.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Clerk, \_\_\_\_\_ County

STATE OF INDIANA ) IN THE \_\_\_\_\_ COURT  
 ) SS: CIVIL DIVISION, ROOM \_\_\_\_\_  
COUNTY OF \_\_\_\_\_ ) CAUSE NO. \_\_\_\_\_

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

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

v.

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

**VERIFIED WAIVER OF FINAL HEARING**

Come now Petitioner and Respondent pursuant to Indiana Code 31-15-2 and submit their Verified Waiver of Final Hearing. In support of this Waiver, the parties state that:

1. More than sixty (60) days have passed 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 and have signed below before filing this document with the court.

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

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

\_\_\_\_\_  
Spouse’s Signature

Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF INDIANA ) IN THE \_\_\_\_\_ COURT  
 ) SS: CIVIL DIVISION, ROOM \_\_\_\_\_  
COUNTY OF \_\_\_\_\_ ) CAUSE NO. \_\_\_\_\_

IN RE THE MARRIAGE OF:

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

v.

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

**DECREE OF DISSOLUTION OF MARRIAGE**

\_\_\_\_\_ The Court having reviewed the Verified Petition for Dissolution of Marriage and having held a final hearing in this matter, now finds the following:

\_\_\_\_\_ The parties having submitted a Settlement Agreement and the Court having seen and considered the Verified Petition of Dissolution of Marriage and Verified Waiver of Final Hearing submitted by the parties, now approves the following:

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. \_\_\_\_\_ pregnant.
4. Neither party is a member of the military.
5. Children:  
 There are no children of the marriage.  
 There are \_\_\_\_\_ children of the marriage; namely:



Other. The parties agree that it is in the best interests of the minor child(ren) to follow a parenting time schedule that does NOT follow the Indiana Parenting Time Guidelines (please describe the schedule in detail and give reasons why the alternative schedule is justified).

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**8. Child support.**

Petitioner

Respondent

will pay child support in the amount of \_\_\_\_\_ per week as shown by the attached child support worksheet, beginning on the first Friday following the date of the Decree. 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 an immediately activated Income Withholding Order pursuant to IC 31-16-15 to any employer or income provider of the child support Obligor.

Petitioner

Respondent

Shall be responsible for all controlled expenses related to the upbringing of the minor child(ren). (For use only in cases when parenting time is equally shared.)

Petitioner

Respondent

will be responsible for the first \_\_\_\_\_ of uninsured health and medical, dental, optical, hospital and prescription expenses for the minor child(ren). Thereafter, Petitioner shall be responsible for \_\_\_\_\_% of uninsured medical expenses for the minor child(ren), and Respondent shall be responsible for \_\_\_\_\_% of uninsured medical expenses for the minor child(ren).

Petitioner  
 Respondent

will be responsible to pay a child support arrearage in the amount of \$\_\_\_\_\_ which has accrued during the pendency of this proceeding. Such arrearage shall be paid in the periodic amount of \$\_\_\_\_\_ per week in addition to the current support rendered above, until such arrearage has been satisfied.

**9. Health insurance.**

The provisions for health insurance maintenance shall be as follows:

Petitioner shall maintain medical, dental and optical insurance as available through employment, or Health Insurance Marketplace, or by government provided insurance for the minor children.  
 Respondent

-OR-

Health insurance for the minor 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 order to qualify, the parent must attach either (1) an Exemption Certificate under the Affordable Care Act showing the parent has been granted an exemption from the requirement to purchase insurance, or (2) sufficient evidence to demonstrate the parent's income is below the federal tax filing threshold. In the event that health insurance for the children 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.

**10. Taxes.**

The arrangement for claiming the tax credits, exemptions and deductions for the minor children shall be as follows:



Petitioner shall be entitled to claim the minor child(ren) for federal, state, and local income tax purposes on an annual basis.

Respondent The parties shall cooperate to sign all necessary documents that will allow the party claiming the exemptions to do so.

-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.

**11. Joint debt.**

The division of jointly held debts shall be as follows:

The parties have no outstanding debts for which they are responsible.

Petitioner will be solely responsible for the following debts and shall hold Respondent harmless from liability, expense, attorney's fees, and loss which may be incurred by Respondent, arising out of Petitioner's failure to pay such debts.

Name of Creditor	Amount of Debt
_____	_____
_____	_____
_____	_____
_____	_____

Respondent will be solely responsible for the following debts and shall hold Petitioner harmless from liability, expense, attorney's fees, and loss which may be incurred by Petitioner, arising out of Respondent's failure to pay such debts.

Name of Creditor	Amount of Debt
_____	_____
_____	_____

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

**12. Individual debt.**

The individual debt division shall be as follows:

Debts held in Petitioner's name only:

Petitioner shall be solely responsible for all debts held in his/her individual name, and all debts incurred by him/her in his/her name since the date of final separation.

Petitioner agrees to hold Respondent harmless from liability, expense, attorney's fees, and loss which may be incurred by Respondent, arising out of Petitioner's failure to pay such debts.

Other:

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

Debts held in Respondent's name only:

Respondent shall be solely responsible for all debts held in his/her individual name, and all debts incurred by him/her in his/her name since the date of final separation.

Respondent agrees to hold Petitioner harmless from liability, expense, attorney's fees, and loss which may be incurred by Petitioner, arising out of Respondent's failure to pay such debts.

Other:

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

**13. Vehicles.**

The vehicle division shall be as follows:

There are no vehicles to divide.

Petitioner shall have possession of the following vehicle(s), and Respondent shall execute all documents necessary to transfer title of said vehicles within a reasonable time following the date of this Order:

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

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

Respondent shall have possession of the following vehicle(s), and Petitioner shall execute all documents necessary to transfer title of said vehicles within a reasonable time following the date of this Order:

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

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

All outstanding debt related to the above listed vehicles as been allocated in paragraph number 12 of this Agreement/Order.

**14. Personal property.**

The parties' personal property division shall be as follows:

The parties already have divided all items of property.

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

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

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

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

**15. Marital Residence.**

The parties are owners of real estate located at \_\_\_\_\_

\_\_\_\_\_ and the parties agree that:

Petitioner shall retain/take possession and shall become the sole  
 Respondent owner of said real estate.

Petitioner shall vacate the marital residence by \_\_\_\_\_  
 Respondent

Petitioner shall be responsible for all payments related to property  
 Respondent taxes and homeowners insurance and shall receive the  
deductions for mortgage interest and taxes.

Petitioner shall transfer, by Quitclaim Deed, his/her interest in said  
 Respondent real estate to the party retaining possession of the marital  
residence by \_\_\_\_\_.

Petitioner agrees to refinance the mortgage debt related to the marital  
 Respondent residence and make a good faith effort to obtain a release of  
the other party on said debt on the earliest possible date.  
Upon release of the other party from mortgage debt, the  
other party shall transfer, by Quitclaim Deed, his/her  
interest in said real estate. The party assuming  
responsibility for mortgage agrees to hold the other party  
harmless from all liability, expense, attorney fees, loss or  
damages which may be a result of a failure to make  
payments on said mortgage debt.

Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The parties are jointly responsible on a lease for a residence located at \_\_\_\_\_, and the parties agree

that:

Petitioner shall retain possession of the leased premises, be  
 Respondent responsible for the remaining rental payment and fees due under said lease, and agrees to hold the other party harmless from all liability, expense, attorney fees, loss or damage which may be a result of the failure to make required payments under said lease.

Petitioner shall vacate the leased residence by \_\_\_\_\_.  
 Respondent

Other

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**16. Change of names.**

Petitioner would like the following former name restored and shall hereinafter be known as: \_\_\_\_\_.

Respondent would like the following former name restored and shall hereinafter be known as: \_\_\_\_\_.

Neither Petitioner nor Respondent requests a name change.

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

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

\_\_\_\_\_  
Petitioner's signature

STATE OF INDIANA     )  
  )SS:  
COUNTY OF \_\_\_\_\_)

Before me \_\_\_\_\_, a notary public \_\_\_\_\_  
County, State of Indiana, personally appeared \_\_\_\_\_  
and 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 \_\_\_\_\_

\_\_\_\_\_  
Respondent's signature

STATE OF INDIANA     )  
  )SS:  
COUNTY OF \_\_\_\_\_)

Before me \_\_\_\_\_, a notary public \_\_\_\_\_  
County, State of Indiana, personally appeared \_\_\_\_\_  
and 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 \_\_\_\_\_

**18. Findings of the Court.**

\_\_\_\_\_ The parties have disclosed all relevant documents and have exchanged all information on value of property, pensions, real estate, and other assets and debts. This document represents an agreement submitted by the parties for approval by the Court. The parties have submitted a waiver of final hearing and have agreed that the property distribution provisions of this agreement represent a just and reasonable division of the marital estate and debts.

\_\_\_\_\_ The Court, having held a hearing during which both parties appeared and presented evidence, now finds that the property distribution provisions of this order:

\_\_\_\_\_ constitute a presumptive equal division of marital property and is therefore just and reasonable.

\_\_\_\_\_ do not constitute the presumptive equal division of marital property, however are, for the reasons set forth below, just and reasonable:

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**IT IS THEREFORE ORDERED by the Court that the parties' marriage is hereby dissolved.**

Date: \_\_\_\_\_  
\_\_\_\_\_ Judicial Officer

Distribution:

Petitioner's Name and Mailing Address:	Respondent's Name and Mailing Address:
_____	_____
_____	_____
_____	_____
_____	_____

ISETS ACCOUNT INFORMATION

CONFIDENTIAL

TAX/CONFIDENTIAL DATA

Instructions: Provide complete name, address, and DOB & SS # for each person, including the children.

Submitted by: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Case #: \_\_\_\_\_ ISETS Account #: \_\_\_\_\_

NON-CUSTODIAL PARENT / PERSON (PAYOR)

Name: \_\_\_\_\_ Male \_\_\_\_\_ Female

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Ethnic Group: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

CUSTODIAL PARENT / PERSON (PAYEE)

Name: \_\_\_\_\_ Male \_\_\_\_\_ Female

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Ethnic Group: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

CHILDREN

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Sex: \_\_\_\_\_ Relationship to Payer: \_\_\_\_\_

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

CURRENT SUPPORT: \$ \_\_\_\_\_ PER: \_\_\_\_\_ EFFECTIVE: \_\_\_\_\_

ARREARS DUE: \_\_\_\_\_ AS OF: \_\_\_\_\_ PAY: \_\_\_\_\_ PER: \_\_\_\_\_

DATE: \_\_\_\_\_ JUDGE: \_\_\_\_\_



STATE OF INDIANA

MORGAN CIRCUIT/SUPERIOR COURT

COUNTY OF MORGAN

CASE NO. \_\_\_\_\_

---

Petitioner

v.

---

Respondent

### **ORDER REFERRING CASE TO ADR PROGRAM FOR MEDIATION**

Comes now the Court, having considered all pending issues herein, hereby refers this case to the Morgan County Domestic Relations Alternative Dispute Resolution Program (hereinafter "ADR Program"), now ORDERS, as follows:

A. **Required Documentation From All Parties:** All Parties shall submit the following documentation to the ADR Director within twenty (20) days of the date of this order:

1. The completed ADR Referral Worksheet together with proof of income, which may be satisfied by submitting the following information:
  - a. For W-2 employees: A copy of their last three (3) pay stubs;
  - b. For self-employed individuals or 1099 employees: A copy of last year's federal income tax return, including their Schedule C; a financial declaration; or an affidavit stating their average current gross weekly income for this fiscal year;
  - c. For individuals receiving Supplemental Security Income ("SSI"), Social Security Disability ("SSD"), unemployment compensation, disability compensation, retirement benefits or similar income: An award letter showing the monthly or weekly benefit amount; a financial declaration; or an affidavit stating their monthly or weekly benefit amount; and

- d. For individuals receiving no income: An affidavit stating that the individual receives no income.
2. The completed Mediation Participation and Fee Agreement (hereinafter "MPFA") (a blank copy is attached).
3. ADR Director. You shall contact the ADR Director and provide the ADR Director all information required by this Order. The ADR Director is Brittany Patterson, 765-342-1030, bpatterson@morgancounty.in.gov.

B. **Mediation**: The mediation is scheduled by the ADR Director and the parties will receive notice of the time, date, and location of the mediation. The Parties shall appear in person, unless otherwise agreed by all Parties, at the scheduled mediation time and date. Mediation may only be continued by agreement of the Parties, or by the Mediator assigned to mediate this case.

At mediation, the Mediator will meet with the Parties in an attempt to resolve the pending issues by agreement, and without the need for further litigation and Court hearings. The Mediator shall conduct the mediation according to the Indiana Alternative Dispute Resolution ("ADR") Rules and shall advise the participants of the mediation process.

C. **Costs of Mediation**: The cost of mediation shall be an obligation of each party. Morgan County offers those with qualifying income a sliding scale subsidy and reduced copayments. ***If an individual makes less than \$35,000.00 per year, said co-payments will be reduced pursuant to the ADR Project's Sliding Fee Scale upon the Parties submitting verification of their current income as required by Paragraph 1.*** Each Party is ordered to make an ADR co-payment paid directly to the Mediator, based upon the sliding scale. For parties making less than \$30,000.00 per year, the co-payments range from \$25.00 to \$100.00, depending on their income. The maximum subsidy offered by this program is \$300.00 (less the co-pay amount), which is based upon no more than a three (3) hour mediation session. If the mediation takes more than three (3) hours to complete, each Party shall pay an additional ADR co-payment in the amount of **\$100.00 per hour** for each additional hour the mediation takes to complete. All co-payments shall be made direct to the Mediator and shall be paid prior to the mediation session. If co-payments have not been paid, then the Mediator may cancel or reschedule the mediation session.

D. **ADR Director's Notice to the Court**: The ADR Director shall file a Notice with the Court within thirty (30) days of this Order, as follows:

1. **Notice of Mediation Date**: If all intake interviews are completed, all ADR Forms are submitted, the ADR Director shall schedule the mediation, appoint a mediator, and notify the Court and the Parties of the date, time, and place of the mediation.

2. Notice of Non-Compliance: If a mediation is not scheduled for any reason, the Notice shall advise the Court as to the status of the Parties' compliance with the Orders detailed herein and what additional information or tasks must be completed to schedule the mediation. The Court may then set the matter for a Compliance Hearing and you will be ordered to appear and show cause to the Court for your failure to comply with the terms of this Order.

E. Mediator's Report: The Mediator shall file a "Mediator's Report" and an "ADR Project Time Accounting Report" with the Court within ten (10) days of the completion of mediation. If the Parties do not reach an agreement, the Mediator will report the lack of any agreement to the Court as required by the ADR Rules. If an agreement is reached, the agreement shall immediately be reduced to writing and shall immediately be signed by the Parties prior to leaving the mediation session.

**The Parties are advised that if they fail to follow all terms of this Order, including but not limited to full payment of their co-payments, they could be found in contempt of Court and face sanctions (fines and/or jail sentences).**

**PARTICIPATION IN THIS MEDIATION PROCESS IS MANDATORY.** The Mediator is a neutral person having no undisclosed relationship to the Court or any participant. Mediators do not make decisions about the outcome of the case or make recommendations to the Court. The goal of mediation is to give all Parties an opportunity to reach an agreed solution. All such agreements must be voluntary and consensual.

The Mediator shall address all pending issues with the Parties.

/s/Matthew G. Hanson  
MATTHEW G. HANSON, Judge  
Morgan Circuit Court

/s/Peter R. Foley  
PETER R. FOLEY, Judge  
Morgan Superior Court 1

/s/Brian H. Williams  
Morgan Superior Court 2

/s/Sara A. Dungan  
Morgan Superior Court 3

Distribution:

ADR Director                      All Parties of Record

# **MORGAN COUNTY DOMESTIC RELATIONS ALTERNATIVE DISPUTE RESOLUTION (ADR) PROGRAM**

## **MEDIATION PARTICIPATION AND FEE AGREEMENT**

Cause Number: 55 \_\_\_\_\_

I am a participant in the Morgan County ADR Project and understand and agree that:

1. Information shared in a mediation session is confidential, with the exception of information related to child abuse and/or neglect, elder abuse and/or neglect, and/or an intent to cause immediate or future physical harm to another person. Such information will be reported by one or more of the professionals participating in the mediation.

2. I have the right to be assisted by independent legal counsel if I so choose.

3. I will make a good faith effort to work to try to resolve the issues for which this case was referred to mediation, and when making a decision involving the minor child(ren), I will consider fully the best interest of the child(ren).

4. Mediators and staff who are working for the Morgan County ADR Project are serving as neutral third party mediators, and (a) will not provide legal advice to any Party, (b) do not represent any party, (c) cannot assure how the court would apply the law or rule in the parties' case, or what the outcome of the case would be if the dispute were to go before the court, (d) will not impose an agreement or judgment on anyone, and (e) will not provide a recommendation to any Party or the Court.

5. The mediation process is not therapy or marriage counseling.

6. The only record of the mediation session that the Mediator or Project Director will present to the Court will be a "Mediator's Report" that indicates if an agreement was reached, a notice of non-appearance or continuance, a notice and reason why the case must be referred back to the Court, or a notice that no agreement was reached. If a Mediation Agreement is reached and signed by the Parties, a copy of the signed Mediation Agreement will be submitted to the Court and constitutes evidence that may be introduced in litigation.

7. By participating in the mediation of this case I do not give up any of my rights to due process under the law, and I may choose not to sign an agreement.

8. After a Mediation Agreement is signed and submitted to the Court, the Court may enter an order, with or without a hearing, accepting or rejecting the Agreement. Alternatively, the Court may request modification of the terms of the Agreement with the consent of all Parties.

9. All Mediated Agreements are voluntary and consensual. No one is forced to accept terms he or she does not like in a mediation meeting.

10. Many attorneys in Morgan County and the surrounding area have volunteered to participate in the Morgan County ADR Project, and not all of the participating attorneys are registered domestic relationship mediators. If an attorney that is not a registered domestic relations mediator is appointed as mediator in my case, I agree to the participating attorney serving as Mediator on my case.

11. None of the attorneys or mediators participating in the Morgan County ADR Project are acting as my attorney and no attorney-client relationship is or will be established between myself and any of the attorneys or mediators participating in the ADR Project.

12. Initial co-payments to the Morgan County ADR Project for this mediation are set by the Court Order, and I agree to pay my respective ADR co-payment in full on a timely basis as required by the Court Order. I understand that the initial co-payment is for the initial three (3) hours of mediation services, and, if my mediation takes more than three (3) hours to complete, I understand that I am required to pay an additional ADR co-payment. Further, I understand that any additional ADR co-payment is due, pursuant to ADR Rule 2, no later than thirty (30) days after the final mediation session, and any ADR co-payment not paid within said time period will be considered past due as detailed herein.

13. The Court shall enter all of my past due ADR co-payments as a judgment against me and in favor of the ADR Project immediately upon the ADR co-payments becoming past due, and, thereafter, the amount of my past due ADR co-payments shall be subject to garnishment immediately upon the Court entering said judgment. I hereby consent to the ADR Director enforcing this Agreement through this case even if the ADR Director serves as my Mediator.

14. I will not involve the Mediator, the ADR Director, or their records in any Court proceeding, by subpoena or other means.

15. My mediation will be scheduled by the ADR Director, and I will appear at all scheduled mediation sessions in a timely manner.

16. This mediation will be conducted pursuant to the Indiana Alternative Dispute Resolution Rules, and said Rules shall apply.

17. I certify that I am not currently charged with or have been convicted of a crime under I.C. 35-42 (Homicide, Battery, Kidnapping/Confinement, Sex Crimes, and Robbery), or a substantially similar crime in another jurisdiction.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ADR Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mediation Participate Information (Confidential)**

Name (Print): \_\_\_\_\_

Address: \_\_\_\_\_ (Street)

\_\_\_\_\_ (City/State/Zip)

Phone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

Child(ren) involved in this case (Name and date of birth):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Race: \_\_\_\_\_

Age: \_\_\_\_\_

Relationship to Parties: \_\_\_\_\_

Annual Income: \_\_\_\_\_