

**(SUPERIOR)
IN RE THE MARRIAGE OF:**

Telephone Number _____

Petitioner

Social Security Number

Date of Birth

And

Respondent

Social Security Number

Date of Birth

Children's Names, Social Security Number's and Date's of Birth

STATE OF INDIANA)
) SS:
RANDOLPH COUNTY)

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RANDOLPH SUPERIOR COURT

20_____ TERM

Cause No. 68D01-_____

IN RE THE MARRIAGE OF:

Petitioner

Vs

Respondent

*
*
*
*
*
*
*

PETITION FOR DISSOLUTION OF MARRIAGE

COMES NOW Petitioner, and states the following:

1. Petitioner resides at (address)_____

(city)_____, Randolph County, Indiana, (zip)_____ and has been a resident of Randolph County and the State of Indiana for more than six (6) months before the date of filing of this Petition.

2. Respondent presently resides at (address)_____

(city)_____, _____ County, (State)_____, (zip)_____.

3. Petitioner and Respondent were married on the ____ day of _____, 20 __,

and separated on/or about the ____ day of _____, 20 ____.

4. There was/were _____ child(ren) born during this marriage, who are:

(name)_____, born on the ____ day of _____, _____

(name)_____, born on the ____ day of _____, _____

IN THE RANDOLPH SUPERIOR COURT
Second Floor, Courthouse
Winchester, Indiana

Cause No. 68D01-_____

Plaintiff or Plaintiffs

VS

SUMMONS

Defendant or Defendants

TO: _____

(Insert above, name and address of defendant or person to be served)

The State of Indiana, To the Defendant or Person Above Named, GREETINGS:

You are hereby summoned and notified that you have been sued by the plaintiff (or plaintiffs) in the above entitled cause filed in the Randolph Superior Court, in the Courthouse in Winchester, Indiana.

The nature of the suit against you is stated in the complaint which is attached to this summons. It also states the relief which the plaintiff (or plaintiffs) in the suit demands from you.

If you have any defense or objection to the suit or claim for relief asserted in the complaint, you must present and file the same, in writing, in the manner prescribed by the Indiana Code of Civil Procedure within 20 days after served of this summons, or else judgment by default may be entered against you for the relief demanded in the complaint.

If you have a claim for relief against the plaintiff (or plaintiffs) arising from the same transaction or occurrence, you must present and file same with any defense or objection filed by you.

Dated at Winchester, Indiana, this _____ day of _____, 20____

Name and Address of attorney for
Plaintiff or Plaintiffs:

Clerk, Randolph Superior Court
P. O. Box 230, Winchester, IN 47394

Telephone: 765-584-4607

Telephone _____

PRAECIPE FOR SUMMONS

The following manner of service of summons is hereby designated and requested:

Attorney for Plaintiff(s) or Person seeking service

SHERIFF'S RETURN OF SUMMONS

THIS SUMMONS CAME TO HAND ON _____, 20____
I CERTIFY THAT I AM DEPUTY/SHERIFF OF _____ COUNTY, INDIANA
AND THAT I SERVED THIS SUMMONS AND A TRUE COPY OF THE PLAINTIFF(S)
COMPLAINT ON THE WITHIN NAMED DEFENDANT, TO-WIT: _____
_____ AT _____
_____ ON _____,
20_____. IN THE FOLLOWING MANNER PURSUANT TO INDIANA TRIAL
RULE 4:

4.1(A)(2) INDIVIDUAL
By delivering a copy of the same to said defendant personally.

Sheriff/Deputy

4.1(A)(3) INDIVIDUAL
By leaving a true copy of same at the dwelling or usual place of abode of defendant and by mailing
a copy of the summons by first class mail addressed to the defendant's last known address, to-
wit: _____

Sheriff/Deputy

4.6(A)(1) CORPORATION OR ORGANIZATION
Defendant being a corporation or domestic or foreign organization, by delivering a copy of same
to the following Executive Officer of defendant, to-wit: _____

Sheriff/Deputy

RETURN, OF SUMMONS NOT SERVED

I CERTIFY THAT THIS SUMMONS CAME TO HAND ON _____,
20_____, AND THAT I HEREWITH RETURN THIS SUMMONS NOT SERVED, FOR
THE FOLLOWING REASON:

Dated: _____

Sheriff/Deputy

IN THE RANDOLPH SUPERIOR COURT
Second Floor, Courthouse
Winchester, Indiana

Cause No. 68D01-_____

Plaintiff or Plaintiffs

VS

SUMMONS

Defendant or Defendants

TO: _____

(Insert above, name and address of defendant or person to be served)

The State of Indiana, To the Defendant or Person Above Named, GREETINGS:

You are hereby summoned and notified that you have been sued by the plaintiff (or plaintiffs) in the above entitled cause filed in the Randolph Superior Court, in the Courthouse in Winchester, Indiana.

The nature of the suit against you is stated in the complaint which is attached to this summons. It also states the relief which the plaintiff (or plaintiffs) in the suit demands from you.

If you have any defense or objection to the suit or claim for relief asserted in the complaint, you must present and file the same, in writing, in the manner prescribed by the Indiana Code of Civil Procedure within 20 days after served of this summons, or else judgment by default may be entered against you for the relief demanded in the complaint.

If you have a claim for relief against the plaintiff (or plaintiffs) arising from the same transaction or occurrence, you must present and file same with any defense or objection filed by you.

Dated at Winchester, Indiana, this _____ day of _____, 20____

Name and Address of attorney for
Plaintiff or Plaintiffs:

Clerk, Randolph Superior Court
P. O. Box 230, Winchester, IN 47394

Telephone: 765-584-4607

Telephone _____

PRAECIPE FOR SUMMONS

The following manner of service of summons is hereby designated and requested:

Attorney for Plaintiff(s) or Person seeking service

SHERIFF'S RETURN OF SUMMONS

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AND THAT I SERVED THIS SUMMONS AND A TRUE COPY OF THE PLAINTIFF(S)
COMPLAINT ON THE WITHIN NAMED DEFENDANT, TO-WIT: _____
_____ AT _____
_____ ON _____,
20_____. IN THE FOLLOWING MANNER PURSUANT TO INDIANA TRIAL
RULE 4:

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Sheriff/Deputy

4.1(A)(3) INDIVIDUAL
By leaving a true copy of same at the dwelling or usual place of abode of defendant and by mailing
a copy of the summons by first class mail addressed to the defendant's last known address, to-
wit: _____

Sheriff/Deputy

4.6(A)(1) CORPORATION OR ORGANIZATION
Defendant being a corporation or domestic or foreign organization, by delivering a copy of same
to the following Executive Officer of defendant, to-wit: _____

Sheriff/Deputy

RETURN OF SUMMONS NOT SERVED

I CERTIFY THAT THIS SUMMONS CAME TO HAND ON _____,
20_____, AND THAT I HEREWITH RETURN THIS SUMMONS NOT SERVED, FOR
THE FOLLOWING REASON:

Dated: _____

Sheriff/Deputy

IN THE RANDOLPH SUPERIOR COURT
Second Floor, Courthouse
Winchester, Indiana

Cause No. 68D01-_____

Plaintiff or Plaintiffs

VS

SUMMONS

Defendant or Defendants

TO: _____

(Insert above, name and address of defendant or person to be served)

The State of Indiana, To the Defendant or Person Above Named, GREETINGS:

You are hereby summoned and notified that you have been sued by the plaintiff (or plaintiffs) in the above entitled cause filed in the Randolph Superior Court, in the Courthouse in Winchester, Indiana.

The nature of the suit against you is stated in the complaint which is attached to this summons. It also states the relief which the plaintiff (or plaintiffs) in the suit demands from you.

If you have any defense or objection to the suit or claim for relief asserted in the complaint, you must present and file the same, in writing, in the manner prescribed by the Indiana Code of Civil Procedure within 20 days after served of this summons, or else judgment by default may be entered against you for the relief demanded in the complaint.

If you have a claim for relief against the plaintiff (or plaintiffs) arising from the same transaction or occurrence, you must present and file same with any defense or objection filed by you.

Dated at Winchester, Indiana, this _____ day of _____, 20____

Name and Address of attorney for
Plaintiff or Plaintiffs:

Clerk, Randolph Superior Court
P. O. Box 230, Winchester, IN 47394

Telephone: 765-584-4607

Telephone _____

PRAECIPE FOR SUMMONS

The following manner of service of summons is hereby designated and requested:

Attorney for Plaintiff(s) or Person seeking service

SHERIFF'S RETURN OF SUMMONS

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I CERTIFY THAT I AM DEPUTY/SHERIFF OF _____ COUNTY, INDIANA
AND THAT I SERVED THIS SUMMONS AND A TRUE COPY OF THE PLAINTIFF(S)
COMPLAINT ON THE WITHIN NAMED DEFENDANT, TO-WIT: _____
_____ AT _____
_____ ON _____,
20_____. IN THE FOLLOWING MANNER PURSUANT TO INDIANA TRIAL
RULE 4:

4.1(A)(2) INDIVIDUAL
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Sheriff/Deputy

4.1(A)(3) INDIVIDUAL
By leaving a true copy of same at the dwelling or usual place of abode of defendant and by mailing
a copy of the summons by first class mail addressed to the defendant's last known address, to-
wit: _____

Sheriff/Deputy

4.6(A)(1) CORPORATION OR ORGANIZATION
Defendant being a corporation or domestic or foreign organization, by delivering a copy of same
to the following Executive Officer of defendant, to-wit: _____

Sheriff/Deputy

RETURN OF SUMMONS NOT SERVED

I CERTIFY THAT THIS SUMMONS CAME TO HAND ON _____,
20_____, AND THAT I HEREWITH RETURN THIS SUMMONS NOT SERVED, FOR
THE FOLLOWING REASON:

Dated: _____

Sheriff/Deputy

NOTICE OF HEARING

Cause No. 68D01 _____

THE STATE OF INDIANA, RANDOLPH COUNTY, SS:

The State of Indiana, to the Sheriff of Randolph County, Greetings:

You are commanded to notify _____

that the application for suit and support money in this case of

_____ vs _____

in the Randolph Superior Court is set for hearing at _____ o'clock ____ .m.

on _____ day of _____, 20_____, at the Courthouse in the

City of Winchester before the Honorable Peter D. Haviza, sole Judge of said Court.

WITNESS, the Clerk of said Court and the seal thereof, hereunto affixed, at
the City of Winchester, this _____ day of _____, 20_____.

Clerk, Randolph Superior Court

Came to hand _____, 20_____, and I served
this Notice, on the within named respondent, by leaving a true copy of this Notice at
the last usual place of residence of said _____.

Sheriff, Randolph County

STATE OF INDIANA)
) SS:
COUNTY OF RANDOLPH)

IN THE RANDOLPH SUPERIOR COURT

_____ TERM

CAUSE NO. 68D 01- _____ -DR- _____

IN RE THE MARRIAGE OF:

Petitioner

AND

Respondent

VERIFIED MOTION FOR PROVISIONAL ORDER

(Strike paragraphs that do not apply)

COMES NOW _____, and respectfully requests the Court for an Order regarding the following matters:

1. That the parties are the parents of _____ children, namely,

Date of Birth

Date of Birth

Date of Birth

Date of Birth

2. That _____ is a fit and proper person to have custody of the minor child(ren) and requests temporary custody of the minor child(ren) of the parties.

3. That the Court make an order regarding parenting time for _____.

4. That _____ requests that _____ be ordered to pay child support for the use and benefit of said minor child(ren) in an amount consistent with the Indiana Child Support Guidelines.

5. That _____ requests that _____ be ordered to pay a reasonable weekly sum for temporary maintenance.

6. That _____ requests temporary possession of the real estate located at _____.

7. That _____ requests the use of the following personal property during the pendency of this matter:

8. That the Court make an Order regarding payment of the following debts during the pendency of this action:

(Sign Your Name)

(Print Your Name)

Subscribed and sworn to before me, the undersigned Notary Public, this _____ day of _____, _____.

, Notary Public

My Commission Expires:

My County of Residence:

Worksheet – Child Support Obligation

Each party shall complete that portion of the worksheet that applies to him or her, sign the form and file it with the court. This worksheet is required in all proceedings establishing or modifying child support.

IN RE:

CASE NO:

FATHER:

MOTHER:

CHILD SUPPORT OBLIGATION WORKSHEET (CSOW)

<input checked="" type="checkbox"/> Children	<input checked="" type="checkbox"/> DOB	<input checked="" type="checkbox"/> Children	<input checked="" type="checkbox"/> DOB

	FATHER	MOTHER	
<input checked="" type="checkbox"/> WEEKLY GROSS INCOME Subsequent Children Multipliers (Grade .935 .903 .878 .863 .854)			
<input checked="" type="checkbox"/> A. Child Support (Court Order for Prior Born Child(ren))			
<input checked="" type="checkbox"/> B. Child Support (Legal Duty for Prior Born Child(ren))			
<input checked="" type="checkbox"/> C. Maintenance Paid			
D. WEEKLY ADJUSTED INCOME (WAI) Line 1 minus 1A, 1B, and 1C			
2. PERCENTAGE SHARE OF TOTAL WAI	%	%	
3. COMBINED WEEKLY ADJUSTED INCOME (Line 1D)			
4. BASIC CHILD SUPPORT OBLIGATION Apply CWAI to Guideline Schedules			
<input checked="" type="checkbox"/> A. Weekly Work-Related Child Care Expense of each parent			
<input checked="" type="checkbox"/> B. Weekly Premium – Children's Portion of Health Insurance Only			
5. TOTAL CHILD SUPPORT OBLIGATION (Line 4 plus 4A and 4B)			
6. PARENT'S CHILD SUPPORT OBLIGATION (Line 2 times Line 5)			
7. ADJUSTMENTS			
() Obligation from Post-Secondary Education Worksheet Line J.	+ _____	+ _____	
() Payment of work-related child care by each parent. (Same amount as Line 4A)	- _____	- _____	
() Child(ren)'s Portion of Weekly Health Insurance Premium \$ _____. (This will be a credit to the payor)	- _____	- _____	
() Parenting Time Credit \$ _____	- _____	- _____	
8. RECOMMENDED CHILD SUPPORT OBLIGATION			

EXPLAIN ANY DEVIATION FROM GUIDELINE SCHEDULES IN ORDER/DECREE.

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

Father: _____

Mother: _____

Dated: _____

UNINSURED HEALTH CARE EXPENSE CALCULATION

A. Custodial Parent Annual Obligation: (CSOW Line 4) \$ _____ + (PSEW § Two, Line 1) \$ _____ = \$ _____ x 52 weeks x .06 = \$ _____

B. Balance of Annual Expenses to be Paid: (Line 2) _____ % by Father; _____ % by Mother.

COMPLETE THE CHECKMARKED LINE (✓)

Parenting Time Credit Worksheet

Line:		
1PT	Enter Annual Number of Overnights <i>(SPENT BY CHILD WITH NON-CUSTODIAL PARENT)</i>	
2PT	Enter Weekly Basic Child Support Obligation – BCSO (Enter Line 4 from Child Support Worksheet)	
3PT	Enter Total Parenting Time Expenses as a Percentage of the BCSO (Enter Appropriate TOTAL Entry from Table PT)	
4PT	Enter Duplicated Expenses as a Percentage of the BCSO (Enter Appropriate DUPLICATED Entry from Table PT)	
5PT	Parent's Share of Combined Weekly Income (Enter Line 2 from Child Support Worksheet)	
6PT	Average Weekly Total Expenses during Parenting Time (Multiply Line 2PT times Line 3PT)	
7PT	Average Weekly Duplicated Expenses (Multiply Line 2PT times Line 4PT)	
8PT	Parent's Share of Duplicated Expenses (Multiply Line 5PT times Line 7PT)	
9PT	Allowable Expenses during Parenting Time (Line 6PT – Line 8PT)	
	Enter Line 9PT on Line 7 of the Child Support Worksheet as the Parenting Time Credit	

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

COUNTY OF

) SS:

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;

Name

Date of birth

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

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

<u>Name of Creditor</u>	<u>Amount of Debt</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:

Vehicle #1, Make, Model, and Year

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.

Your Signature

STATE OF INDIANA)
)
COUNTY OF _____) SS:

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)
)
COUNTY OF _____) SS:

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:

Worksheet – Child Support Obligation

Each party shall complete that portion of the worksheet that applies to him or her, sign the form and file it with the court. This worksheet is required in all proceedings establishing or modifying child support.

IN RE:

CASE NO:

FATHER:

MOTHER:

CHILD SUPPORT OBLIGATION WORKSHEET (CSOW)

Children	DOB	Children	DOB

1. WEEKLY GROSS INCOME	FATHER	MOTHER	
A. Subsequent Children Multiplier Credit (.065 .097 .122 .137 .146 .155 .164 .173)			
B. Child Support (Court Order for Prior Born)			
C. Child Support (Legal Duty for Prior Born)			
D. Maintenance Paid			
E. WEEKLY ADJUSTED INCOME (WAI) Line 1 minus 1A, 1B, 1C and 1D			
2. PERCENTAGE SHARE OF TOTAL WAI	%	%	
3. COMBINED WEEKLY ADJUSTED INCOME (Line 1E)			
4. BASIC CHILD SUPPORT OBLIGATION Apply CWAI to Guideline Schedules			
A. Weekly Work-Related Child Care Expense of each parent			
B. Weekly Health Insurance Premium – Total from HIPW, Line I			
5. TOTAL CHILD SUPPORT OBLIGATION (Line 4 plus 4A and 4B)			
6. PARENT'S CHILD SUPPORT OBLIGATION (Line 2 times Line 5)			
7. ADJUSTMENTS			
() Obligation from Post-Secondary Education Worksheet Line J.	+ _____	+ _____	
() Payment of work-related child care by each parent. (Same amount as Line 4A)	- _____	- _____	
() Child(ren)'s Portion of Weekly Health Insurance Premium for parent(s) ordered to provide health insurance.	- _____	- _____	
() Parenting Time Credit	- _____	- _____	
8. RECOMMENDED CHILD SUPPORT OBLIGATION			

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

Father: _____

Dated: _____

Mother: _____

UNINSURED HEALTH CARE EXPENSE CALCULATION

A. Custodial Parent Annual Obligation: (CSOW Line 4 Total) \$ _____ + (PSEW § Two, Line I) \$ _____ = \$ _____ x 52 weeks x .06 = \$ _____.

B. Balance of Annual Expenses to be Paid: (Line 2) _____ % by Father; _____ % by Mother.