

## 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.

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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: _____

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. If you want custody of your children, type your full name here. If you agree your spouse should have custody of your children, type his/her name here.

\_\_\_\_\_

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

If "yes," list them individually below:

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

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

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22. Does the wife want her former name restored?      Yes      No  
If "yes," what is the former name she wishes to have restored?

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23. Please check each temporary order you would like the Judge to issue. These orders will be in effect until the final hearing. You should contact an attorney or consult a legal dictionary if you do not understand these terms. A separate case is required for a Protective Order involving Domestic Violence, and you must file it as a separate case. If you are seeking a Protective Order, you may obtain a form from the Clerk of the Court or obtain it from the Indiana Judicial Center's website at <http://www.in.gov/judiciary/forms/po.html>.

Temporary custody of the minor child(ren);

Temporary child support for minor child(ren);

Temporary parenting time (visitation) for the non-custodial 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 of any of the property of the part;

Other: *Explain*

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24. 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.

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

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

IN RE THE 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)  X ;

Responding (answering or defending) \_\_\_\_\_; or

Intervening \_\_\_\_\_;

in this case and am representing myself.

2. Contact information for receiving legal service of documents and case information is required by Court Rules: *(NOTE: If you are the Initiating party and this case, or a related case, involves a protection from abuse order, a workplace violence restraining order, or a no-contact order, you must provide an address for the purpose of legal service of documents but that address should not be one that exposes the whereabouts of a petitioner)*

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

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

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

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

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

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

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

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

X  Yes   No

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

Caption and case number of related cases:

Caption: \_\_\_\_\_ Case Number: \_\_\_\_\_

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 # \_\_\_\_\_

**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

COUNTY OF

) SS:

CASE NO.

IN RE THE MARRIAGE OF:

Petitioner,

V.

Respondent.

**VERIFIED PETITION FOR DISSOLUTION OF MARRIAGE  
AND 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 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:

**Name**

**Date of birth**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 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 request the following provisional orders:

Temporary custody of the minor child(ren);

Temporary child support for minor child(ren);

Temporary parenting time (visitation) for the non-custodial 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 of any of the property of the part;

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 Petition by first class mail to the opposing attorney, or the opposing party if the opposing party is not represented by an attorney, on \_\_\_\_\_.

\_\_\_\_\_  
Signature

STATE OF INDIANA

)

IN THE

SUPERIOR/CIRCUIT COURT

COUNTY OF

) SS:

) CASE NO.

IN RE THE MARRIAGE OF:

Petitioner,

V.

Respondent.

**NOTICE OF PROVISIONAL HEARING**

A Verified Petition for Dissolution of Marriage and Request for Provisional Orders has been filed in this Court. The Court now sets this matter for a Provisional Hearing on \_\_\_\_\_ at \_\_\_\_\_ A.M./P.M. The Parties may present evidence on their behalf. Failure to appear may result in matters being decided in your absence.

So ordered this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

Distribution:

STATE OF INDIANA

)

IN THE

SUPERIOR/CIRCUIT COURT

COUNTY OF

) SS:

) CASE NO.

IN RE THE MARRIAGE OF:

Petitioner,

V.

Respondent.

**TEMPORARY ORDER**

Petitioner appears/does not appear, and Respondent appears/does not appear for provisional hearing on \_\_\_\_\_, 20\_\_\_. The court having been duly advised in this matter, now finds the following:

- \_\_\_\_\_ Petitioner/Respondent is awarded temporary custody of the minor child(ren);
- \_\_\_\_\_ Petitioner/Respondent shall pay temporary child support for the minor child(ren) in the amount of \$\_\_\_\_\_ per week, payable through the \_\_\_\_\_ County Clerk, or by income withholding order if available from the employer, beginning on \_\_\_\_\_, 20\_\_\_.
- \_\_\_\_\_ Petitioner/Respondent shall be responsible for the first \$\_\_\_\_\_ of uninsured medical expenses for the minor child(ren). Thereafter, Petitioner shall be responsible for \_\_\_\_\_% and Respondent for \_\_\_\_\_% of uninsured medical expenses for the minor child(ren).
- \_\_\_\_\_ Petitioner/Respondent shall have temporary parenting time (visitation) with the minor child(ren) as the parties agree or according to the Indiana Parenting Time (Visitation) guidelines;
- \_\_\_\_\_ Petitioner/respondent shall have temporary possession of the marital residence;
- \_\_\_\_\_ Petitioner/Respondent shall temporarily maintain medical, dental, and optical insurance as available through employment for the following persons:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_

There shall be a temporary division of debts, as follows:

- a. Petitioner shall be solely responsible for the following debts:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- b. Respondent shall be solely responsible for the following debts:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

There shall be a temporary division of property, as follows:

- a. Petitioner shall have sole possession of the following items of property:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- b. Respondent shall have sole possession of the following items of property:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

There shall be a temporary division of motor vehicles, as follows:

- a. Petitioner shall have temporary possession of the following vehicles:

\_\_\_\_\_

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

\_\_\_\_\_

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

- b. Respondent shall have temporary possession of the following vehicles:

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

There shall be a temporary restraining order in effect during these proceedings:

\_\_\_\_\_ 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, or concealing, or in any way disposing of any of the property of the parties;

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

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

ALL OF WHICH IS SO ORDERED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

Distribution:

STATE OF INDIANA

)

IN THE

SUPERIOR/CIRCUIT COURT

) SS:

COUNTY OF

)

CASE NO.

IN RE THE MARRIAGE OF:

Petitioner,

V.

Respondent.

**MOTION FOR FINAL HEARING**

The Petitioner now states that sixty (60) days have passed since the filing of the Verified Petition for Dissolution of Marriage and requests that this matter be set for Final Hearing on the next available hearing date, allowing fifteen (15) minutes for the hearing. [If you need more than 15 minutes, please advise the Court when you file this Motion.]

\_\_\_\_\_  
Signature

**CERTIFICATE OF SERVICE**

I certify that I have served a copy of the foregoing on the Respondent by first class mail this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

STATE OF INDIANA

)

IN THE

SUPERIOR/CIRCUIT COURT

) SS:

COUNTY OF

)

CASE NO.

IN RE THE MARRIAGE OF:

Petitioner,

V.

Respondent.

**NOTICE OF FINAL HEARING**

The Petitioner has filed a Motion For a Final Hearing which the Court has considered and now grants.

**IT IS THEREFORE ORDERED** that the final hearing for this matter shall be held on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at the hour of \_\_\_\_\_ o'clock \_\_\_\_M. [The Court allows 15 minutes for the hearing.] [The Court allows \_\_\_\_\_ for the hearing.]

So ordered this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Judge

Distribution:

STATE OF INDIANA  
COUNTY OF

) IN THE  
) SS:  
) CASE NO.

SUPERIOR/CIRCUIT COURT

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:

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: *(please describe in detail)*

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7. Parenting Time (Visitation) with the minor child(ren) shall be as follows:

- Petitioner shall have reasonable parenting time (visitation) with the minor child(ren) as the parties agree or according to the Indiana Parenting Time (visitation) guidelines.
- Respondent shall have reasonable parenting time (visitation) with the minor child(ren) as the parties agree or according to the Indiana Parenting Time (visitation) guidelines.
- Other: We have agreed to a different parenting time (visitation) that does **NOT** follow the Indiana Parenting Time (Visitation) Guidelines. *(please describe in detail)*

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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 \_\_\_\_\_. The custodial parent, \_\_\_\_\_, 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).

\_\_\_\_\_ will be responsible to pay the Administrative Fee that the Clerk charges annually.

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

\_\_\_\_\_ shall maintain medical, dental, and optical insurance as available through employment for the minor children:

\_\_\_\_\_

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 even/odd year thereafter; Respondent shall be entitled to claim the minor child(ren) in the year \_\_\_\_\_, and every even/odd year thereafter.

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:

\_\_\_\_\_  
*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:

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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.

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

\_\_\_\_\_  
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 complaint to the Respondent identified on the first page of Summons.

2. 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.

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 Complaint mailed to the Respondent identified on the 1<sup>st</sup> 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 Complaint 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 1<sup>st</sup> page of this Summons was accepted by \_\_\_\_\_ on behalf of the Respondent on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Clerk, \_\_\_\_\_ County  
By: \_\_\_\_\_  
Deputy