INSTRUCTIONS

REDUCE CHILD SUPPORT BECAUSE MY CHILD IS EMANCIPATED, WITH AN AGREEMENT ON ALL ISSUES

STATE OF INDIANA)
) SS:
COUNTY OF _____)

IN THE _____ SUPERIOR/CIRCUIT COURT

CASE NO. _____

IN RE THE _____ OF:

_____
Petitioner,

V.

_____
Respondent.

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

APPEARANCE BY SELF-REPRESENTED PERSON IN CIVIL CASE

This Appearance Form must be filed on behalf of every party in a civil case.

1. My Name is: _____ and I am

   Initiating (filing)_____;
   Responding (answering or defending)_____; or
   Intervening ____;

   IF YOU FILED THIS CASE AND YOUR NAME APPEARS AS THE FIRST NAME LISTED ABOVE, CHECK "INITIATING"; IF YOU DID NOT FILE THIS CASE AND YOUR NAME APPEARS AS THE SECOND NAME LISTED ABOVE, CHECK "RESPONDING"

in this case and am representing myself.

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

   Address: _____
   _____
   Email Address: _____
   Phone: _____
   FAX: _____

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

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

____ Attorney General confidential address.

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 _____

Form TCM-TR3.1-2
Revised by State Court Administration 08/12

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.

CHECK HERE Yes _____ No

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

Caption and case number of related cases:

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

Caption:_____ Case Number: _____

Caption:_____ Case Number: _____

Caption:_____ Case Number: _____

Caption:_____ Case Number: _____

Caption:_____ Case Number: _____

Caption:_____ Case Number: _____

7. Additional information required by local rule:

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

SIGN YOUR NAME

Self-Represented Party

INSTRUCTIONS

REDUCE CHILD SUPPORT BECAUSE MY CHILD IS EMANCIPATED, WITH AN AGREEMENT ON ALL ISSUES

NOT FOR PUBLIC ACCESS
IN ACCORDANCE WITH ADMINISTRATIVE RULE 9

ATTENTION CLERK: FOR SELF REPRESENTED LITIGANTS, TREAT THIS FORM AS IF IT IS PRINTED ON LIGHT GREEN PAPER

ATTORNEYS MUST SUBMIT THIS FORM ON LIGHT GREEN PAPER. SEE BOTTOM OF PAGE FOR TEXT OF TRIAL RULE 5 (G) (2)

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

IN RE THE _____ OF:

_____
Petitioner,

V.

_____
Respondent.

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

CIVIL APPEARANCE FORM

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

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

Name: _____ SS # _____

Name: _____ SS # _____

Name: _____ SS # _____

Name: _____ SS # _____

Name: _____ SS # _____

Name: _____ SS # _____

Name: _____ SS # _____

Name: _____ SS # _____

Item 8 (Social Security number of person who is subject to involuntary commitment):

Name: _____ SS # _____

When only a portion of a document contains information excluded from public access pursuant to Administrative Rule 9(G)(1), said information shall be omitted [or redacted] from the filed document and set forth on a separate accompanying document on **light green paper** conspicuously marked "Not For Public Access" and clearly designating [or identifying] the caption and number of the case and the document and location within the document to which the redacted material pertains.

NOT FOR PUBLIC ACCESS

Form TCM-TR3.1-4
Approved by State Court Administration 07/09

INSTRUCTIONS

REDUCE CHILD SUPPORT BECAUSE MY CHILD IS EMANCIPATED, WITH AN AGREEMENT ON ALL ISSUES

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

IN RE THE _____ OF:

_____
Petitioner,

V.

_____
Respondent.

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

VERIFIED PETITION TO REDUCE CHILD SUPPORT DUE TO EMANCIPATION OF MINOR CHILD(REN)

Comes now PRINT YOUR FULL NAME, pro se, and hereby files a Verified Petition to Reduce Child Support Due to Emancipation of Minor Child(ren), and states as follows:

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

Name	Date of birth
PRINT THE NAME AND DATE OF BIRTH OF EACH MINOR CHILD	

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

3. The following child(ren) is/are emancipated:
PRINT THE NAME(S) OF THE CHILD(REN) YOU BELIEVE ARE EMANCIPATED

4. The reason that my child(ren) is/are emancipated is as follows:

CHECK THE BOX THAT DESCRIBES THE REASON YOUR CHILD(REN) LISTED ABOVE ARE EMANCIPATED AND WRITE THEIR NAME IN THE BLANK. IF YOU HAVE MORE THAN ONE CHILD WHO IS EMANCIPATED, YOU MAY CHECK MULTIPLE BOXES, PLACING THEIR NAMES IN EACH APPROPRIATE BLANK

See the next page for additional items in this list.

☐ _____ has turned nineteen (19) years of age.

☐ _____ is at least eighteen (18) years of age; has not attended secondary or post-secondary school for the past four (4) months and is not enrolled in a secondary or post-secondary school; and is or is capable of supporting himself/herself through employment.

☐ _____ has joined the United States armed services.

Form PS-31166-1
Revised by State Court Administration 08/12

See previous page for instructions on this section.

☐ _____ has married.

☐ _____ is not under the care or control of either parent nor an individual or agency approved by the court.

5. The date upon which my child(ren) became emancipated was PRINT THE DATE YOU BELIEVE THE CHILD(REN) BECAME EMANCIPATED. YOU WILL NEED TO PROVIDE EVIDENCE OF THIS TO THE JUDGE.

6. My child support obligation should be reduced because of the emancipation of my child(ren), PRINT THE NAME(S) OF THE CHILD(REN) YOU BELIEVE ARE EMANCIPATED.

7. The reduction of my support obligation should be retroactive to the date(s) stated in Paragraph 5 above.

WHEREFORE, PRINT YOUR FULL NAME requests that this Court declare my child(ren) emancipated, reduce my child support obligation, and order all other further relief that is just and proper in the premises.

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

SIGN YOUR NAME _____
Signature

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

CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of this Petition by first class mail to the opposing attorney, or the opposing party if the opposing party is not represented by an attorney, on PRINT THE DATE YOU WILL FILE THE FORMS.

SIGN YOUR NAME _____
Signature

INSTRUCTIONS

REDUCE CHILD SUPPORT BECAUSE MY CHILD IS EMANCIPATED, WITH AN AGREEMENT ON ALL ISSUES

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

IN RE THE _____ OF:

_____
Petitioner,

V.

_____
Respondent.

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

AGREED ENTRY TO REDUCE CHILD SUPPORT DUE TO EMANCIPATION OF MINOR CHILD(REN)

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

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

Name	Date of birth
PRINT THE NAME AND DATE OF BIRTH OF EACH MINOR CHILD	

2. That on PRINT THE DATE THE CURRENT CHILD SUPPORT ORDER WAS ISSUED, this Court ordered that PRINT YOUR NAME pay child support to PRINT THE OTHER PARTY'S NAME in the weekly amount of PRINT THE AMOUNT OF CHILD SUPPORT ORDERED PER WEEK for the above named child(ren) effective on PRINT THE DATE THE CURRENT CHILD SUPPORT ORDER STARTED.
3. That since that time, my child(ren) has/have become emancipated.
4. My child support payment should be reduced to reflect the emancipation of my child(ren) PRINT THE NAME(S) OF THE CHILD(REN) YOU BELIEVE ARE EMANCIPATED.
5. PRINT YOUR NAME will pay child support to PRINT THE OTHER PARTY'S NAME in the amount of PRINT THE AMOUNT OF CHILD SUPPORT PER WEEK BOTH PARTIES HAVE AGREED SHOULD REPLACE THE CURRENT ORDER per week for the above named child(ren).

SIGN YOUR NAME
Your Signature

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

Form PS-31166-2
Approved by State Court Administration 07/09

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED by the Court, after being duly advised, that the terms of the parties' agreement as set out above shall be incorporated into this Order.

So ordered this _____ day of _____, 20_____.

_____
Judge

Distribution:

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

PRINT THE OTHER PARTY'S FULL NAME
PRINT THE OTHER PARTY'S STREET ADDRESS
PRINT THE OTHER PARTY'S CITY, STATE AND ZIP CODE

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

IN RE THE _____ OF:

_____
Petitioner,

V.

_____
Respondent.

APPEARANCE BY SELF-REPRESENTED PERSON IN CIVIL CASE

This Appearance Form must be filed on behalf of every party in a civil case.

1. My Name is: _____ and I am

   Initiating (filing)_____;
   Responding (answering or defending)_____; or
   Intervening ____;

in this case and am representing myself.

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

   Address: _____
   _____
   Email Address: _____
   Phone: _____
   FAX: _____

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

____ Attorney General confidential address.

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.

_____ Yes _____ No

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

Caption and case number of related cases:

Caption:_____ Case Number: _____

Caption:_____ Case Number: _____

Caption:_____ Case Number: _____

Caption:_____ Case Number: _____

Caption:_____ Case Number: _____

Caption:_____ Case Number: _____

7. Additional information required by local rule:

_____

_____
Self-Represented Party

NOT FOR PUBLIC ACCESS
IN ACCORDANCE WITH ADMINISTRATIVE RULE 9

ATTENTION CLERK: FOR SELF REPRESENTED LITIGANTS, TREAT THIS FORM AS IF IT IS PRINTED ON LIGHT GREEN PAPER

ATTORNEYS MUST SUBMIT THIS FORM ON LIGHT GREEN PAPER. SEE BOTTOM OF PAGE FOR TEXT OF TRIAL RULE 5 (G) (2)

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

IN RE THE _____ OF:

_____
Petitioner,

V.

_____
Respondent.

CIVIL APPEARANCE FORM

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

Name: _____ SS # _____

Name: _____ SS # _____

Name: _____ SS # _____

Name: _____ SS # _____

Name: _____ SS # _____

Name: _____ SS # _____

Name: _____ SS # _____

Name: _____ SS # _____

Item 8 (Social Security number of person who is subject to involuntary commitment):

Name: _____ SS # _____

When only a portion of a document contains information excluded from public access pursuant to Administrative Rule 9(G)(1), said information shall be omitted [or redacted] from the filed document and set forth on a separate accompanying document on **light green paper** conspicuously marked "Not For Public Access" and clearly designating [or identifying] the caption and number of the case and the document and location within the document to which the redacted material pertains.

NOT FOR PUBLIC ACCESS

Form TCM-TR3.1-4
Approved by State Court Administration 07/09

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

IN RE THE _____ OF:

_____
Petitioner,

V.

_____
Respondent.

VERIFIED PETITION TO REDUCE CHILD SUPPORT
DUE TO EMANCIPATION OF MINOR CHILD(REN)

Comes now _____, pro se, and hereby files a Verified Petition to Reduce Child Support Due to Emancipation of Minor Child(ren), and states as follows:

1. That parties have _____ minor child(ren), namely:

Name	**Date of birth**
_____	_____
_____	_____
_____	_____
_____	_____

2. On _____, this Court ordered that _____ pay child support to _____ in the weekly amount of _____ for the above named child(ren) effective on _____.

3. The following child(ren) is/are emancipated:
_____

4. The reason that my child(ren) is/are emancipated is as follows:

☐ _____ has turned nineteen (19) years of age.

☐ _____ is at least eighteen (18) years of age; has not attended secondary or post-secondary school for the past four (4) months and is not enrolled in a secondary or post-secondary school; and is or is capable of supporting himself/herself through employment.

☐ _____ has joined the United States armed services.

☐ _____ has married.

☐ _____ is not under the care or control of either parent nor an individual or agency approved by the court.

5. The date upon which my child(ren) became emancipated was _____.

6. My child support obligation should be reduced because of the emancipation of my child(ren), _____.

7. The reduction of my support obligation should be retroactive to the date(s) stated in Paragraph 5 above.

WHEREFORE, _____ requests that this Court declare my child(ren) emancipated, reduce my child support obligation, and order all other further relief that is just and proper in the premises.

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

_____
Signature

_____
_____
_____

CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of this Petition by first class mail to the opposing attorney, or the opposing party if the opposing party is not represented by an attorney, on _____.

_____
Signature

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

IN RE THE _____ OF:

_____
Petitioner,

V.

_____
Respondent.

AGREED ENTRY TO REDUCE CHILD SUPPORT
DUE TO EMANCIPATION OF MINOR CHILD(REN)

COMES NOW _____, pro se, and _____, and submit the following terms as evidence of their agreement in this matter:

1. That the parties have _____ minor child (ren), namely:

Name	**Date of birth**
_____	_____
_____	_____
_____	_____
_____	_____

2. That on _____, this Court ordered that _____ pay child support to _____ in the weekly amount of _____ for the above named child(ren) effective on _____.

3. That since that time, my child(ren) has/have become emancipated.

4. My child support payment should be reduced to reflect the emancipation of my child(ren) _____.

5. _____ will pay child support to _____ in the amount of _____ per week for the above named child(ren).

_____ _____
Your Signature Other Side's Signature

Form PS-31166-2
Approved by State Court Administration 07/09

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED by the Court, after being duly advised, that the terms of the parties' agreement as set out above shall be incorporated into this Order.

So ordered this _____ day of _____, 20_____.

_____
Judge

Distribution:

_____
_____
_____

_____
_____
_____