

## **INSTRUCTIONS: DIVORCE WITH CHILDREN AND WITH AN AGREEMENT**

1. This packet includes the following documents:
  - a. Appearance
  - b. Confidential Appearance
  - c. Petition for Dissolution
  - d. Summons
  - e. Notice of Provisional Hearing
  - f. Order on Provisional Hearing
  - g. Waiver of Final Hearing
  - h. Settlement Agreement and Decree
  
2. Complete the following documents according to the instructions in this packet below:
  - Appearance
  - Petition for Dissolution
  - Summons
  - Notice of Provisional Hearing-Follow the instructions, *you will only fill out a small part of this form and only if you ask for provisional orders in your petition*
  - Order on Provisional Hearing- Follow the instructions, *you will only fill out a small part of this form and only if you ask for provisional orders in your petition*
  
3. Once your forms are completed and signed, make three (3) copies of each document.
  
4. Take the above completed and signed documents and copies with you to the courthouse in the county in which you are filing for divorce (the county in which one party currently lives and has lived for atleast three (3) months).
  
5. File your documents with the court Clerk. You will have to pay a fee. The fee may be different in each county. The Clerk will stamp your forms.
  
6. Send the stamped copies of the forms to the other party.
  
7. If you filed for a provisional hearing, you will receive a notice of the date and time of the hearing later (either by email or by mail). Read the notice telling you where to be. **It may also tell you that it is your responsibility to get a notice of the hearing to the other party. Also, you must go to the provisional hearing. Dress nicely and do not bring children with you.**
  
8. Sixty days after your file your Verified Petition For Dissolution, complete, make copies and file the following forms with the court the same way you did with the first group of forms:
  - Waiver of Final Hearing
  - Settlement Agreement and Decree

STATE OF INDIANA  
COUNTY OF \_\_\_\_\_  
NAME OF COUNTY IN WHICH YOU ARE FILING

IN THE \_\_\_\_\_ COURT  
NAME OF COUNTY IN WHICH YOU ARE FILING NAME OF COURT IF YOU DO NOT KNOW, LEAVE IT BLANK  
CAUSE NO. LEAVE BLANK

IN RE THE MARRIAGE OF:

YOUR NAME  
Petitioner,

v.

THE OTHER SPOUSE'S NAME  
Respondent.

**APPEARANCE BY UNREPRESENTED PERSON IN CIVIL CASE**

1. My name is YOUR NAME and I am:  
**CHECK THIS BOX** →  Initiating  
and in this case I am not represented by a lawyer.

2. Contact information for receiving legal service of document 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 your location.)*

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

Email address: YOUR EMAIL ADDRESS

**CHECK THIS BOX IF YOU WANT THE COURT TO CONTACT YOU ONLY BY EMAIL** →  *I will accept service at the above email address.*

Phone: YOUR PHONE NUMBER

Fax: YOUR FAX NUMBER (IF YOU HAVE ONE)

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

**CHECK THIS BOX ONLY IF YOU ARE USING THE ATTORNEY GENERAL'S CONFIDENTIAL ADDRESS** →  Attorney General confidential address

3. This is a DC case type as defined in Administrative Rule 8(B)(3).

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

**IF THERE ARE RELATED CASES, CHECK 'YES'. IF NOT, CHECK 'NO.'** {  Yes  
 No

Caption and case number of related cases:

IF YOU CHECKED 'YES' IN PARAGRAPH 3, FILL IN THE RELATED CASE INFORMATION BELOW. IF YOU CHECKED 'NO' IN PARAGRAPH 3, LEAVE THIS SECTION BLANK.

Caption: \_\_\_\_\_ Case No.: \_\_\_\_\_

Additional information as required by local rule:

INCLUDE ADDITIONAL INFORMATION HERE IF IT IS REQUIRED BY LOCAL RULE.

\_\_\_\_\_  
Signature

**CERTIFICATE OF SERVICE**

THIS SECTION TELLS THE COURT THAT YOU SENT THIS DOCUMENT TO YOUR SPOUSE. YOU WILL SEND THIS TO HIM/HER AFTER YOU TAKE THESE TO THE COURTHOUSE TO FILE FOR DIVORCE.

I hereby certify that I sent a copy of this document on \_\_\_\_\_ DATE YOU SEND TO YOUR SPOUSE by first-class U.S. mail, postage prepaid to \_\_\_\_\_ NAME OF YOUR SPOUSE at the following address:

\_\_\_\_\_  
SPOUSE'S ADDRESS  
\_\_\_\_\_  
\_\_\_\_\_

PRINT THIS FORM AND SIGN HERE

\_\_\_\_\_  
Signature



STATE OF INDIANA IN THE \_\_\_\_\_ COURT  
COUNTY OF \_\_\_\_\_ CAUSE NO. \_\_\_\_\_

IN RE THE MARRIAGE OF:

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

and

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

FOR THE SECTION ABOVE THE DOTTED LINE LOOK AT THE OTHER FORMS YOU HAVE FILLED OUT IN THIS CASE AND COPY THE INFORMATION HERE.

**VERIFIED PETITION FOR DISSOLUTION OF MARRIAGE**

ON PAGE 4, PARAGRAPH 19 OF THIS PETITION YOU ARE ASKED WHETHER YOU WOULD LIKE PROVISIONAL ORDERS. IF YOU DO, BE SURE TO CHECK THIS BOX. IF NOT, LEAVE IT BLANK.

With Request for Provisional Orders

The Petitioner, YOUR NAME, now states:

1. Petitioner's residential address is:

YOUR RESIDENTIAL ADDRESS -IF YOU HAVE A PROTECTIVE ORDER IN PLACE, USE THE INSTRUCTIONS ON THE APPEARANCE FORM TO PROTECT YOUR LOCATION FROM DISCLOSURE.

2. Respondent's residential address is:

YOUR SPOUSE'S RESIDENTIAL ADDRESS

3. Petitioner has been a resident of the state of STATE YOU LIVE IN (USUALLY INDIANA) for NUMBER YEARS LIVED IN CURRENT STATE years and NUMBER MONTHS LIVED IN STATE months and a resident of COUNTY YOU LIVE IN County for NUMBER YEARS IN COUNTY years and NUMBER MONTHS LIVED IN STATE months.

4. Respondent has been a resident of the state of STATE SPOUSE LIVES IN for NUMBER OF YEAR IN STATE years and NUMBER MONTHS LIVED IN STATE months and a resident of COUNTY SPOUSE LIVES IN County for NUMBER YEARS IN COUNTY years and NUMBER MONTHS IN COUNTY months.

5. NAME OF PARTY WHO, FOR THE LAST THREE MONTHS, HAS LIVED IN THE INDIANA COUNTY THAT YOU WILL FILE FOR DIVORCE IN has been a continuous resident of

NAME OF COUNTY YOU WILL FILE IN County or stationed at a United States military installation within the county for the last three (3) months.

6. NAME OF PARTY, WHO FOR THE LAST SIX MONTHS, HAS LIVED IN THE STATE OF INDIANA has been a continuous resident of the State of Indiana or stationed at a United States military installation within Indiana for the last six (6) months.

7. Petitioner and Respondent were married on DATE MARRIED, and separated on DATE SEPARATED.

NUMBER OF CHILDREN YOU AND  
YOUR SPOUSE HAVE TOGETHER.

8. There are \_\_\_\_\_ children of the parties currently living who are either less than twenty-one (21) years of age or incapacitated, namely:

Name and Date of Birth	Age	Address
CHILD'S NAME CHILD'S DATE OF BIRTH	CHILD'S AGE	CHILD'S ADDRESS
CONTINUE FILLING IN NAME, DATE OF BIRTH, AGE AND ADDRESS FOR EACH CHILD		

SELECT OR WRITE 'IS' OR 'IS NOT' TO MAKE EACH SENTENCE TRUE.

9. Petitioner   ✓   pregnant.  
Respondent   ✓   pregnant.

10. The parties' marriage has suffered an irretrievable breakdown.

SELECT THE  
BOX THAT  
IS TRUE.

11.  I am filing this petition on my own behalf.

-OR-

I am the guardian of \_\_\_\_\_ and am filing this petition because NAME OF INCAPACITATED PERSON is incapacitated. My name is GUARDIAN NAME and my address is: GUARDIAN ADDRESS

IF YOU ARE FILING AS THE GUARDIAN, PUT  
THE NAME OF THE PERSON YOU ARE FILING  
FOR IN THIS BLANK.

and I have attached a copy of the court order granting me authority to petition for dissolution of marriage described in IC 29-3-9-12.2.

12. NAME OF PERSON YOU BELIEVE SHOULD HAVE CUSTODY is the fit and proper person to have custody of the minor child(ren).

13. An order for child support and parenting time should be issued.

SELECT THE  
BOX THAT IS  
TRUE

14.  There are no other open cases related to this/these child(ren).

-OR-

There are other open cases related to this/these child(ren). They are:

Location (County and State)

Cause/Case Number

**IF THERE ARE RELATED, OPEN CASES, PUT THE LOCATION AND CAUSE NUMBER IN THESE BLANKS. IF NOT, LEAVE BLANK.**

\_\_\_\_\_

\_\_\_\_\_

SELECT OF WRITE

'IS' OR 'IS NOT' TO MAKE EACH SENTENCE TRUE.

15. Petitioner  a lifetime sex or violent offender.  
 Respondent  a lifetime sex or violent offender.

16. Debts.

There are no debts to divide.

-OR-

Petitioner wishes the court to divide the following debts.

a. **LIST ALL DEBTS THAT NEED TO BE DIVIDED BETWEEN YOU AND YOUR SPOUSE.**

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

17. Assets and property.

There are no assets to divide.

-OR-

Petitioner wishes the court to divide the following assets, including personal property.

a. **LIST ASSETS THAT NEED TO BE DIVIDED BETWEEN YOU AND YOUR SPOUSE.**

\_\_\_\_\_

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

\_\_\_\_\_

SELECT THE BOX THAT IS TRUE



SELECT THE BOX THAT IS TRUE.

ASSETS INCLUDE CARS, FURNITURE, RETIREMENT PLANS, ETC.



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

SELECT THE  
BOX THAT  
IS TRUE.



18. Change of name:  
 Wife would like the following former name restored

**IF WIFE WOULD LIKE HER FORMER NAME RESTORED, PUT THE FORMER NAME IN THE BLANK.**

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.**

**I request this Court issue the following provisional orders in regard to the following, to be in effect until this matter is finalized:**

IF YOU DO NOT WANT THE COURT TO ISSUE ANY ORDERS BEFORE YOUR DIVORCE IS FINAL, CHECK THIS BOX

19. Select from the following:  
 I do not request any provisional orders.

-OR-

- 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;
- Temporary division of motor vehicles;
- Spousal maintenance;

IF YOU WANT THE COURT TO ISSUE TEMPORARY ORDERS BEFORE YOUR DIVORCE IS FINALIZED, CHECK ALL THE BOXES THAT APPLY. YOU ALSO NEED TO CHECK THE 'PROVISIONAL ORDERS' BOX ON THE FIRST PAGE.

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:

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**The undersigned affirms under penalties for perjury that the foregoing representations and statements are true.**

PRINT THIS FORM AND SIGN HERE

Signature

#### **CERTIFICATE OF SERVICE**

I hereby certify that I sent a copy of this document on DATE YOU MAIL THIS by first-class U.S. mail, postage prepaid to SPOUSE'S NAME at the following address:

SPOUSE'S ADDRESS  

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\_\_\_\_\_  
Signature

STATE OF INDIANA ) IN THE \_\_\_\_\_ COURT  
 )SS:  
COUNTY OF \_\_\_\_\_ ) CAUSE NO. \_\_\_\_\_

IN RE THE MARRIAGE OF:

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

v.

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

FOR THE SECTION ABOVE THE DOTTED LINE LOOK AT THE OTHER FORMS YOU HAVE FILLED OUT IN THIS CASE AND COPY THE INFORMATION HERE.

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**SUMMONS**

*[For Dissolution of Marriage Cases Only]*

The State of Indiana to Respondent: YOUR SPOUSE'S NAME  
YOUR SPOUSE'S 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 an Order Setting Hearing, you must appear in Court on the date and time stated on the Order Setting 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 determinations that may include but not limited to any of the following: paternity, child custody, child support, maintenance, parenting time, property (real or personal), and other distribution of assets and debts, attorney fees and costs.

Dated: **LEAVE BLANK** \_\_\_\_\_, 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 the Summons.

By leaving a copy of the Summons and copy of the complaint/petition at: \_\_\_\_\_ which is the dwelling place or usual place of abode of the Respondent 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\_\_\_\_.

**LEAVE THIS**

**PAGE BLANK**

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

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

STATE OF INDIANA  
COUNTY OF \_\_\_\_\_

IN THE \_\_\_\_\_ COURT  
CAUSE NO. \_\_\_\_\_

IN RE THE MARRIAGE OF:

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

v.

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

FOR THE SECTION ABOVE THE DOTTED LINE LOOK AT THE OTHER FORMS YOU FILLED OUT IN THIS CASE AND COPY THE INFORMATION HERE.

**ORDER SETTING 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. The parties must be prepared to present evidence in support of their petition. Failure to appear may result in matters being decided in your absence.

**IT IS SO ORDERED** that this matter shall be heard on:

\_\_\_\_\_

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

Judicial Officer

**LEAVE THIS SECTION**

The Clerk shall serve this pleading upon \_\_\_\_\_  
by certified mail at the following address (this requires an additional fee payable to the Clerk):

**BLANK**

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

The Clerk shall have this pleading served upon \_\_\_\_\_  
by sheriff at the following address:

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

Distribution:

YOUR NAME  
YOUR ADDRESS

YOUR SPOUSE'S NAME  
YOUR SPOUSE'S ADDRESS

STATE OF INDIANA

IN THE \_\_\_\_\_ COURT

COUNTY OF \_\_\_\_\_

CAUSE NO. \_\_\_\_\_

IN RE THE MARRIAGE OF:

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

v.

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

FOR THE SECTION ABOVE THE DOTTED LINE LOOK AT THE OTHER FORMS YOU FILLED OUT IN THIS PACKET AND COPY THE INFORMATION HERE.

**PROVISIONAL ORDER**

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

- Petitioner is awarded custody of the minor child(ren).
- Respondent

- Petitioner shall pay temporary child support for the minor child(ren) in the amount of \$ \_\_\_\_\_ per week beginning on \_\_\_\_\_.
  - Respondent shall pay temporary child support for the minor child(ren) in the amount of \$ \_\_\_\_\_ per week beginning on \_\_\_\_\_.
- All support payments shall be made through the County Clerk's Office (cash payments only) or the State Central Collection Unit, P.O. Box 7130, Indianapolis, Indiana 46220-7130 (any payments other than cash). The court shall issue and immediately activate Income Withholding Order pursuant to IC 31-16-15 to any employer or income provider to the child support Obligor.

LEAVE THIS BLANK

- Petitioner shall be responsible for the first \$ \_\_\_\_\_ of annual uninsured medical expenses for the minor child(ren).
  - Respondent shall be responsible for the first \$ \_\_\_\_\_ of annual uninsured medical expenses for the minor child(ren).
- Thereafter, Petitioner shall be responsible for \_\_\_\_\_% and Respondent for \_\_\_\_\_% of annual uninsured medical expenses for the minor child(ren).

- Petitioner shall have temporary parenting time with the minor child(ren) as the parties agree or according to the Indiana Parenting Time Guidelines.
- Respondent

- Petitioner shall have temporary possession of the marital residence.
- Respondent

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

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- Petitioner shall pay temporary spousal maintenance to the other party as
- Respondent follows:

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There shall be a temporary division of debts as follows:

- Petitioner shall be responsible for the following debts:
- Respondent

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- Petitioner shall be responsible for the following debts:
- Respondent

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

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

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

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

Petitioner shall have temporary possession of the following vehicles:

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

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

Petitioner shall have temporary possession of the following vehicles:

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

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

**LEAVE THIS**

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 the parties;

Restraining the parties from transferring, encumbering, or concealing, or in any way disposing of any of the property of the parties;

Other:

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

**ALL WHICH IS SO ORDERED** \_\_\_\_\_

\_\_\_\_\_  
Judicial Officer

Distribution:

**YOUR NAME**  
\_\_\_\_\_  
**YOUR ADDRESS**  
\_\_\_\_\_

**YOUR SPOUSE'S NAME**  
\_\_\_\_\_  
**YOUR SPOUSE'S ADDRESS**  
\_\_\_\_\_

STATE OF INDIANA  
COUNTY OF \_\_\_\_\_

IN THE \_\_\_\_\_ COURT  
CAUSE NO. \_\_\_\_\_

IN RE THE MARRIAGE OF:

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

v.

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

FOR THE SECTION ABOVE THE DOTTED LINE, LOOK AT THE OTHER FORMS YOU FILLED OUT IN THIS CASE AND COPY THE INFORMATION HERE.

**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:

AFTER YOU FILE THE PETITION FOR DISSOLUTION, YOU NEED TO WAIT MORE THAN 60 DAYS TO FILE THIS DOCUMENT WITH THE COURT

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 FORM AND SIGN HERE**

**PRINT THIS FORM AND ASK SPOUSE TO SIGN HERE**

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Respondent

Address:

**YOUR ADDRESS**

**SPOUSE'S ADDRESS**

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

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

STATE OF INDIANA  
COUNTY OF \_\_\_\_\_

IN THE \_\_\_\_\_ COURT  
CAUSE NO. \_\_\_\_\_

IN RE THE MARRIAGE OF:

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

FOR THE SECTION ABOVE THE DOTTED LINE, LOOK AT  
THE OTHER FORMS YOU FILLED OUT AND COPY THE  
INFORMATION HERE.

v.

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

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

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

1. Petitioner and Respondent were married on DATE MARRIED,  
and separated on DATE SEPARATED.

2. PERSON WHO HAS LIVED IN COUNTY FOR 3 MONTHS has been a continuous resident of  
COUNTY County for the last three months.

3. PERSON WHO HAS LIVED IN INDIANA FOR 6 MONTHS has been a continuous resident of the State of  
Indiana for the six months prior to the filing of the Verified Petition for Dissolution of  
Marriage.

4. NAME OF PERSON WHO IS  
PREGNANT, OR WRITE 'NEITHER' IF  
NEITHER PARENT IS PREGNANT IS pregnant.

5. There are NUMBER CHILDREN children of the marriage, namely:

Name	Date of Birth
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NAME AND DATE OF BIRTH OF EACH CHILD

_____	_____
_____	_____
_____	_____
_____	_____

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

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

SELECT THE BOX THAT IS TRUE, OR SELECT 'OTHER' AND DESCRIBE



- 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, as described below:  


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7. **Parenting Time**

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

- Petitioner shall have parenting time with the minor child(ren), at a
- Respondent minimum, as set out by the Parenting Time Guidelines

SELECT THE BOX THAT IS TRUE, OR SELECT 'OTHER' AND DESCRIBE



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

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8. **Child Support**

SELECT THE BOX THAT IS TRUE.

- Petitioner
- Respondent

YOU MUST INCLUDE A CHILD SUPPORT WORKSHEET.

will pay child support in the amount of \$ AMOUNT SHOWN ON CHILD SUPPORT WORKSHEET 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 Unity 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.

IF PARENTING TIME IS EQUALLY SHARED, INDICATE WHO WILL PAY CONTROLLED EXPENSES.

- 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)

SELECT THE PRIMARY CUSTODIAL PARENT

- Petitioner
- Respondent

will be responsible for the first DOLLAR AMOUNT OF YEARLY UNINSURED EXPENSES-LINE A OF FIRST PAGE CHILD SUPPORT OBLIGATION WORKSHEET of annual uninsured health and medical, dental, optical, hospital and prescription expenses for the minor

AFTER THE AMOUNT ABOVE IS PAID, IF THERE ARE ADDITIONAL UNINSURED MEDICAL EXPENSES, INDICATE WHAT PERCENTAGE OF THOSE EXPENSES EACH PARENT WILL PAY--LINE B OF THE FIRST PAGE OF THE CHILD SUPPORT OBLIGATION WORKSHEET

child(ren). Thereafter, Petitioner shall be responsible for \_\_\_\_\_% of annual uninsured medical expenses for the minor child(ren), and Respondent shall be responsible for \_\_\_\_\_% of annual uninsured medical expenses for the minor child(ren).

INDICATE IF THERE IS AN ARREARAGE AMOUNT AND HOW IT WILL BE PAID.

- 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:

INDICATE HOW MEDICAL, DENTAL AND OPTICAL INSURANCE WILL BE PROVIDED FOR THE MINOR CHILD(REN)

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

- Other Health insurance is not available to either parent at a reasonable cost, therefore, neither party is ordered to provide health insurance at this time.

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:

IN SECTION 10, INDICATE WHO WILL CLAIM THE CHILDREN ON TAXES

- Petitioner shall be entitled to claim the minor child(ren) for federal,
- Respondent state, and local income tax purposes on an annual basis. The parties shall cooperate to sign all necessary documents that will allow the party claiming the exemptions to do so.

- Other 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, expenses, attorney’s fees, and loss which may be incurred by Respondent arising out of Petitioner’s failure to pay such debts.

INDICATE WHICH PARTY WILL PAY EACH DEBT THAT IS IN BOTH YOUR AND YOUR SPOUSE'S NAMES

THE COURT'S ASSIGNMENT OF A MARITAL DEBT WILL NOT KEEP A CREDITOR FROM COLLECTING FROM YOU

IF YOU HAVE A LOT OF JOINT DEBT IT IS STRONGLY SUGGESTED THAT YOU SEEK HELP FROM AN ATTORNEY

<b>Name of Creditor</b>	<b>Amount of Debt</b>
PERSON OR COMPANY OWED	AMOUNT OWED
_____	_____
_____	_____
_____	_____
_____	_____

- 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.

<b>Name of Creditor</b>	<b>Amount of Debt</b>
PERSON OR COMPANY OWED	AMOUNT OWED
_____	_____
_____	_____
_____	_____
_____	_____

12. **Individual debt.**

The individual debt division shall be as follows:

Debts held in Petitioner's name only:

IF THE PETITIONER  
WILL BE THE ONLY  
PERSON  
RESPONSIBLE FOR  
DEBT IN HIS/HER  
NAME, THEN CHECK  
THIS BOX

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

Debts held in Respondent's name only:

IF THE RESPONDENT  
WILL BE THE ONLY  
PERSON  
RESPONSIBLE FOR  
DEBT IN HIS/HER  
NAME, THEN CHECK  
THIS BOX

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

13. **Vehicles**

The vehicle division shall be as follows:

There are no vehicles to divide. **INDICATE WHETHER THERE ARE VEHICLES TO DIVIDE BETWEEN THE PARTIES.**

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 THE PETITIONER WILL HAVE SOLE OWNERSHIP AND POSSESSION OF**  

---

*(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:

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

---

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

---

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

IF THERE IS DEBT OWED ON THE VEHICLES CHECK THIS BOX AND MAKE SURE THE DEBT IS LISTED ABOVE

All outstanding debts related to the above listed vehicles has been allocated in paragraph number 11 or 12 of this Decree.

14. **Personal property.**

The parties' personal property division shall be as follows:

The parties have divided all items of personal property.

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

**DESCRIBE THE ITEMS HERE**  

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CHECK THIS BOX IF PERSONAL PROPERTY HAS ALREADY BEEN DIVIDED

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

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

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

**DESCRIBE THE ITEMS HERE**

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**15. Marital Residence.**

The parties are owners of real estate located at:

**ADDRESS OF MARITAL RESIDENCE IF THE PARTIES OWN A HOME OR PAY A MORTGAGE. IF THE MARITAL RESIDENCE IS RENTED, SEE BELOW**

INDICATE WHO WILL LIVE IN AND BECOME THE OWNER OF THE MARITAL RESIDENCE AND WHEN THE OTHER PARTY WILL MOVE OUT

- Petitioner shall retain or take possession and shall become the sole
- Respondent owner of said real estate.
- Petitioner Shall vacate the marital residence by:
- Respondent **DATE OF MOVE OUT**\_\_\_\_\_.

INDICATE WHO WILL PAY FOR THE MARITAL RESIDENCE

- 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.

INDICATE WHO WILL TRANSFER OWNERSHIP INTEREST IN THE MARITAL RESIDENCE

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

CHECK THE BOX OF THE PERSON THAT WILL REFINANCE THE MORTGAGE SO THAT THE DEBT ON THE HOUSE APPEARS ONLY IN THAT PERSON'S NAME

- Petitioner Agrees to refinance the mortgage debt related to the
- Respondent marital 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 liability, expense, attorney

fees, loss or damages which may be a result of a failure to make payments on said mortgage debt.

Other

**IF THE PARTIES AGREE TO DEAL WITH THE MARITAL RESIDENCE IN A DIFFERENT WAY, EXPLAIN HERE.**

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

The parties are jointly responsible on a lease for a residence located at:

**IF THE PARTIES ARE RESPONSIBLE ON A LEASE, TYPE THE ADDRESS HERE**

agree that:

**INDICATE WHO WILL LIVE IN THE LEASED RESIDENCE**

Petitioner

Respondent

shall retain or take 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.

**INDICATE WHO WILL MOVE OUT OF THE LEASED RESIDENCE**

Petitioner

Respondent

Other

Shall vacate the leased residence by **MOVE OUT DATE**.

**IF YOU HAVE A DIFFERENT AGREEMENT ON HOW TO HANDLE THE LEASE ON THE MARITAL RESIDENCE, EXPLAIN IT HERE.**

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

**16. Change of names.**

**UNDER INDIANA LAW A WOMAN MAY CHANGE HER NAME IN A DIVORCE TO HER MAIDEN NAME, OR TO A FORMER MARRIED NAME.**

Petitioner would like the following former name restored and is not a lifetime sex or violent offender or Petitioner has complied with I.C. 31-15-2-19; Petitioner shall hereinafter be known as:

**IF YOU CHECK THE BOX ABOVE, FILL IN NEW NAME HERE**

**CHECK THE BOX THAT IS A TRUE STATEMENT.**

Respondent would like the following former name restored and is not a lifetime sex or violent offender or Respondent has complied with I.C. 31-15-2-19; Respondent shall hereinafter be known as:

**IF YOU CHECK THE BOX ABOVE, FILL IN NEW NAME HERE**

Neither Petitioner nor Respondent requests a name change.

- 17. The marriage has suffered an irretrievable breakdown and should be dissolved.
- 18. The parties mutually represent and acknowledge that the division of property and payment of debts is fair and equitable and each is satisfied with such division.

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

**PRINT THIS FORM, ONLY SIGN IT ONCE YOU ARE IN FRONT OF A NOTARY PUBLIC**

Petitioner's signature

STATE OF INDIANA

COUNTY OF \_\_\_\_\_

Before me \_\_\_\_\_, a notary public \_\_\_\_\_  
County, State of Indiana, personally appeared \_\_\_\_\_  
and being duly sworn upon his/her oath, says that the facts alleged in the foregoing instrument  
are true.

**LEAVE BLANK THIS SECTION MUST BE COMPLETED BY A NOTARY PUBLIC**

Date \_\_\_\_\_  
Notary Public \_\_\_\_\_  
My Commission Expires \_\_\_\_\_

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

**PRINT THIS FORM, ONLY SIGN IT ONCE YOU ARE IN FRONT OF A NOTARY PUBLIC**

Respondent's signature

STATE OF INDIANA

COUNTY OF \_\_\_\_\_

Before me \_\_\_\_\_, a notary public \_\_\_\_\_  
County, State of Indiana, personally appeared \_\_\_\_\_  
and being duly sworn upon his/her oath, says that the facts alleged in the foregoing instrument  
are true.

**LEAVE BLANK THIS SECTION MUST BE COMPLETED BY A NOTARY PUBLIC**

Date \_\_\_\_\_  
Notary Public \_\_\_\_\_  
My Commission Expires \_\_\_\_\_

15. Findings of the Court

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. **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: <u>YOUR NAME</u> <u>YOUR ADDRESS</u> _____ _____	Respondent's Name and Mailing Address: <u>SPOUSE'S NAME</u> <u>SPOUSE'S ADDRESS</u> _____ _____
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