

TO FILE FOR DIVORCE IF YOU DO HAVE CHILDREN TOGETHER

- Fill out Verified Petition for Dissolution of Marriage
- Bring the original documents to the Clerk's Office
- \$177.00 to file (**CASH** or **MONEY ORDER** only)
- "Children in Between" classes: Adult fees are \$25.00 each
- Please fill out the ISETS Information Sheet attached to the back of this packet

IF YOU AND YOUR SPOUSE DO NOT AGREE

Please ALSO fill out the following:

- Decree of Dissolution of Marriage**

IF YOU AND YOUR SPOUSE ARE IN AGREEMENT

Please ALSO fill out the following:

- Waiver of Final Hearing:** signed by both parties
- Decree of Dissolution of Marriage and Settlement Agreement** *signed & notarized* by both parties

Children in Between Classes

- In all dissolution and separation actions where there are minor children of the marriage, the Petitioner and Respondent shall separately attend a dissolution education workshop approved by the court. Seminars must be completed within forty-five (45) days after a petition for separation or dissolution is filed.
- Seminar scheduling shall be arranged with the Office of Court Administration (phone 641-9503), Room 417, Courthouse, Anderson, Indiana. **Each party shall pay a fee of twenty-five dollars (\$25.00) for the dissolution education seminar.** Seminar fees may be deferred upon a showing of indigence. The Clerk shall maintain a trust account for the collection of these fees and said fees shall be disbursed by Court order.
- The Clerk shall bring this rule to the attention of all dissolution and separation petitioners and shall collect the petitioner's fee at the time of filing. The respondent's fee is due at the time of scheduling. The Clerk shall cause a copy of the rule to accompany the summons for service upon respondents.
- Failure to comply with this rule may be considered civil contempt and may delay the issuance of a final decree.
- Upon its own motion or upon the motion of a party, the Court may require compliance in any case involving the custody of children or in re-docketed cases.

Classes should be paid for on the 2nd floor in the Clerk's Office. Scheduling of your class will be done at the 4th floor Information Desk. You must show proof of payment (receipt)

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

IN RE THE MARRIAGE OF:

Petitioner,

V.

Respondent.

VERIFIED PETITION FOR DISSOLUTION OF MARRIAGE

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

Signature

STATE OF INDIANA) IN THE MADISON ~~SUPERIOR~~ CIRCUIT COURT
) SS: _____
COUNTY OF MADISON) 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) ;

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.

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

CONFIDENTIAL FORM NOT FOR PUBLIC ACCESS

PRINT THIS FORM ON GREEN PAPER

ATTENTION CLERK: TREAT THIS FORM AS IF IT IS PRINTED ON GREEN PAPER, EVEN IF IT IS NOT.

4 STATE OF INDIANA) IN THE MADISON SUPERIOR / CIRCUIT COURT
5) SS: CIVIL DIVISION, ROOM _____
6 COUNTY OF MADISON) CASE NO. _____

IN RE THE MARRIAGE OF:

Petitioner

and

Respondent.

APPEARANCE BY UNREPRESENTED PERSON IN CIVIL CASE

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

Name: _____ SS #: _____

Normal distribution of the MMSE in the elderly 557

SS #:

Name: _____

Name: _____ SS #. _____

Name: _____ SS #: _____

NOT FOR PUBLIC ACCESS

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

IN RE THE MARRIAGE OF:

Petitioner,

v.

Respondent.

DECREE OF DISSOLUTION OF MARRIAGE

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

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: *(please describe in detail)*

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)*

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:

Name of Creditor

Amount of Debt

\$ _____

\$ _____

\$ _____

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

Name of Creditor

Amount of Debt

\$ _____

\$ _____

\$ _____

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.

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

Date

Judge

Distribution:

STATE OF INDIANA) IN THE MADISON ~~SUPERIOR~~ CIRCUIT COURT
COUNTY OF MADISON)) SS: ~~SUPERIOR~~
) 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 MADISON ~~SUPERIOR~~ CIRCUIT COURT
COUNTY OF MADISON)) 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:

Name of Creditor

Amount of Debt

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

Name of Creditor

Amount of Debt

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 MADISON) 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 MADISON) 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:

STATE OF INDIANA) IN THE MADISON ~~SUPERIOR~~ CIRCUIT COURT
COUNTY OF MADISON) SS: 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): _____

CERTIFICATE OF CLERK OF SUMMONS NOT ACCEPTED BY MAIL

I hereby certify that on the _____ day of _____, 20____, I mailed a copy of this summons and a copy of the complaint to the Defendant(s) _____ by (registered or certified) mail, and the same was returned without acceptance this _____ day of _____, 20____ and I did deliver said summons and a copy of complaint to the Sheriff of Madison County, Indiana.

Date _____
Clerk, Madison Circuit Court (Seal)

RETURN ON SERVICE OF SUMMONS

I hereby certify that I have served the within summons:

1. By Delivering on the _____ day of _____, 20____, a copy of this summons and a copy of the complaint to each of the within named Defendant(s) _____

2. By leaving on the _____ day of _____, 20____, for each of the within named Defendant(s) _____, a copy of the summons and a copy of the complaint at the respective dwelling house or usual place of abode with _____, a person of suitable age and discretion residing therein whose usual duties or activities include prompt communication of such information to the person served.

3. _____

and by mailing a copy of the summons (without the complaint) to _____
at _____
at the last known address of Defendant(s).

All done in Madison County, Indiana.

Fee: \$ _____ Sheriff of Madison County, Indiana _____

Mileage _____

Total \$ _____ By _____, Deputy

SERVICE ACKNOWLEDGED

A copy of the within summons and a copy of the complaint attached thereto were received by me at _____, this _____ day of _____, 20____.

Signature of Defendant

NOT FOR PUBLIC ACCESS

CLERK OF THE CIRCUIT AND SUPERIOR COURTS

ISETS INFORMATION SHEET

Instructions: Provide complete name, addresses, dates of birth, and Social Security Numbers for the Payor, Payee, and all Children covered by the Child Support Order.

NOTE: Child support payments cannot be forwarded by ISETS without an address for the Parent receiving support.

Case #: _____ ISETS Account #: _____
(if known)

CUSTODIAL PARTY / PAYING SUPPORT OR RECEIVING SUPPORT

Name: 1st _____ Middle: _____ Last: _____ Male Female
S.S.N.: _____ DOB: _____ Ethnic Group: _____
Address: _____ City: _____
State: _____ ZIP: _____ Phone: (____) _____ Home Mobile
Attorney: _____ Phone: (____) _____

NON-CUSTODIAL PARTY / PAYING SUPPORT OR RECEIVING SUPPORT

Name: 1st _____ Middle: _____ Last: _____ Male Female
S.S.N.: _____ DOB: _____ Ethnic Group: _____
Address: _____ City: _____
State: _____ ZIP: _____ Phone: (____) _____ Home Mobile
Attorney: _____ Phone: (____) _____

CHILDREN

Child's Name:	DOB:	SSN:	Sex:
_____	____ / ____ / ____	____ - ____ - ____	____
_____	____ / ____ / ____	____ - ____ - ____	____
_____	____ / ____ / ____	____ - ____ - ____	____
_____	____ / ____ / ____	____ - ____ - ____	____
_____	____ / ____ / ____	____ - ____ - ____	____

* = Relationship of Children to Payor (if other than son or daughter):
