APPEARANCE BY A SELF-REPRESENTED LITIGANT IN A CIVIL CASE

STATE OF INDIANA SS:	IN THE DELAWARE CIRCUIT COURT NO
DELAWARE COUNTY	
Petitioner/Plaintiff	CAUSE NO. 18C0
vs	
Respondent/Defendant,	
1.My Name:	
2.My Address:	
3.My telephone number:	
4.My fax number:	
5.My e-mail address:	
6.I will accept service from other parties by:	
FAX at the above noted number: Yes	No
Email at the above noted address: Yes	No
7. This case involves child support issues: Yes(If yes, supply Social Security Numbers for all fa	mily members on a separately
Attached document filed as confidential information Form TCM-TR3.1-5.)	tion on light green paper. Use

8. There are related cases: Yes(If yes, list in the space following #8.)		
file in this case on all other attorney	s (or the othe	eadings or documents you are filing or will ner parties, if they are not represented by an parties and Certificate of Service is attached:
Yes No		
	Your S	Signature
	Your P	Printed Name
<u>CER'</u>	<u>TIFICATE O</u>	OF SERVICE
foregoing Appearance on Served] at the following address:		, 20, I served copy of the [here insert Name of Person, by
[please specify as U.S. Mail, personal	service, fax, e	email, etc.]
	Your S	Signature

APPEARANCE BY A SELF-REPRESENTED LITIGANT IN A CIVIL CASE

STATE OF INDIANA SS:	IN THE DELAWARE CIRCUIT COURT NO
DELAWARE COUNTY	COURT NO
D-444'	CAUSE NO. 18C0
Petitioner	
VS	
Respondent	
1.My Name:	
2.My Address:	
3.My telephone number:	
4.My fax number:	
5.My e-mail address:	
6.I will accept service from other parties by:	
FAX at the above noted number: Yes	No
Email at the above noted address: Yes	No
7. This case involves child support issues: Yes	
(If yes, supply Social Security Numbers for all fa Attached document filed as confidential information Form TCM-TR3.1-5.)	

8. There are related cases: Yes(If yes, list in the space following #8.)		
file in this case on all other attorney	s (or the othe	eadings or documents you are filing or will ner parties, if they are not represented by an parties and Certificate of Service is attached:
Yes No		
	Your S	Signature
	Your P	Printed Name
<u>CER'</u>	<u>TIFICATE O</u>	OF SERVICE
foregoing Appearance on Served] at the following address:		, 20, I served copy of the [here insert Name of Person, by
[please specify as U.S. Mail, personal	service, fax, e	email, etc.]
	Your S	Signature

COUNTY OF DELAWARE)) SS:)	NO CASE NO. 18C0
Petit	ioner	
and		
Resp	oondent	
VERIFIED PET	ITION TO	D ESTABLISH CHILD CUSTODY
		, pro se, files a Verified Petition to Establish
Child Custody and states as fo	llows:	
1. The parties have one	minor chil	ld, whose name and year of birth are as follows:
Name of minor child:		Birth year:
2. Paternity was establi	shed by a.	Court Order dated:
	b.	Paternity Affidavit dated:
3as follows:		is seeking to establish child custody
4. It is in the minor chil	ld's best in	terest to establish child custody.
5. The Court should set	a hearing	to establish child custody.
6. If the Court grants th	e Petition,	the Court should also modify the existing child

support order and parenting time order to reflect any changes, as is appropriate.

WHEREFORE,	, requests that the Court set
_	ng, establish custody of the minor child, modify, time order as is appropriate, and order all further ses.
Dated:	(Signature)
	(Printed Name)
I affirm under penalties for perjury that t	the foregoing representations are true.
	(Signature)
	(Printed Name)
Name	
Street Address	
City, State, Zip Code	
Telephone Number	

CERTIFICATE OF SERVICE

I certi	fy that on the	day of	, 20	, I have served
			to Establish Child Cus	
following m	ethod of service		[please specify as U	J.S. Mail, personal
	email, etc.] to:			
	Name of opposing p	oarty:		
	Address:			
		Your sign	ature	
Voumnama				
Tour name:	,		_	
Address:			_	
			_	
Telephone.				

STATE OF INDIANA COUNTY OF DELAWARE Petiti)) SS:)	IN THE DELAWARE CIRCUIT COURT NO CASE NO. 18C0
and		
Resp	ondent	
	NOTICE	OF HEARING
Establish Child Custody, and the IT IS THEREFORE OR Custody is set for hearing at	he Court no	, pro se, having filed a Verified Petition to ow finds the Petition should be set for hearing. at the Verified Petition to Establish Child clockm. on the day of enter, 3100 S. Tillotson Avenue, Muncie, IN.
DATED:		Judge, Delaware Circuit Court No
Distribution to		
Petitioner's Name		Respondent's Name
Street Address		Street Address
City, State, Zip Code		City, State, Zip Code

STATE OF INDIANA)) SS:	NO
COUNTY OF DELAWARE)	CASE NO. 18C0
Petit	ioner	
and		
Resp	ondent	
ORDER GRANTING	<u>PETITIO</u>	ON TO ESTABLISH CHILD CUSTODY
Comes now,		, pro se having filed a
Verified Petition to Establish (Child Cust	ody and comes (now/not) the
	,	pro se/with counsel. Evidence heard and
concluded. The Court now OF	RDERS as	follows:
•		shall be granted to
2		will pay support to
		in the following amount: \$ per
week, per the Child Support G	uidelines V	Worksheets attached.
3according to the Indiana Paren		_ will have parenting time with the minor child Guidelines or as follows:
		·
DATED:		
		Judge, Delaware Circuit Court No

STATE OF INDIANA COUNTY OF DELAWARE)) SS:)	IN THE DELAWARE CIRCUIT COURT NO CASE NO. 18C0
Petiti	oner	
and		
Resp	ondent	
AGREED ENT	RY TO E	ESTABLISH CHILD CUSTODY
		and,
pro se, file and Agreed Entry to	o Establish	h Child Custody and state they agree as follows:
1. Paternity was established by	y a. Court (Order dated:
	b. Paterni	nity Affidavit dated:
2. The parties have one minor	child, who	ose name and year of birth are as follows:
Name of minor child:		Birth year:
		that the Court grant custody of the minor child to
5		will pay support to
		amount: \$ per week. (Attach
Child Support Guidelines Wor		
6.		will have parenting time with the minor
		Time Guidelines or as follows:

Signature Printed Name Printed Name Street Address City, State, Zip City, State, Zip Telephone Number Telephone Number Telephone Number I affirm under penalties of perjury that the foregoing representations are true. Petitioner's Signature		
Signature Printed Name Printed Name Street Address City, State, Zip Telephone Number Telephone Number I affirm under penalties of perjury that the foregoing representations are true. Petitioner's Signature STATE OF INDIANA COUNTY OF Before me		·
Signature Printed Name Printed Name Street Address City, State, Zip Telephone Number Telephone Number I affirm under penalties of perjury that the foregoing representations are true. Petitioner's Signature STATE OF INDIANA COUNTY OF Before me		
Signature Printed Name Printed Name Street Address City, State, Zip Telephone Number Telephone Number I affirm under penalties of perjury that the foregoing representations are true. Petitioner's Signature STATE OF INDIANA COUNTY OF Before me, a notary public		
Printed Name Street Address City, State, Zip Telephone Number Telephone Number Telephone Number I affirm under penalties of perjury that the foregoing representations are true. 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. Date Notary Public	Dated:	Dated:
Street Address City, State, Zip Telephone Number Telephone Number Telephone Number I affirm under penalties of perjury that the foregoing representations are true. Petitioner's Signature STATE OF INDIANA COUNTY OF Before me	Signature	Signature
City, State, Zip Telephone Number Telephone Number Telephone Number I affirm under penalties of perjury that the foregoing representations are true. Petitioner's Signature STATE OF INDIANA COUNTY OF Before me, a notary public and being duly sworn upon his/her oath, says that the facts alleged in the foregoing instrument are true. Date Notary Public	Printed Name	Printed Name
Telephone Number Telephone Nu	Street Address	Street Address
I affirm under penalties of perjury that the foregoing representations are true. Petitioner's Signature STATE OF INDIANA COUNTY OF	City, State, Zip	City, State, Zip
Petitioner's Signature STATE OF INDIANA COUNTY OF	Telephone Number	Telephone Number
STATE OF INDIANA COUNTY OF Before me, a notary public and being duly sworn upon his/her oath, says that the facts alleged in the foregoing instrument are true. Date Notary Public	I affirm under penalties of perjury	y that the foregoing representations are true.
COUNTY OF	Petitioner's Signature	
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. Date Notary Public	STATE OF INDIANA	
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. Date Notary Public	COUNTY OF	
his/her oath, says that the facts alleged in the foregoing instrument are true. Date Notary Public	Before me	, a notary public County, State of Indiana, personally appeared
Date Notary Public		
Notary Public	·	sea in the foregoing instrument are true.
My Commission Expires	Notary Public	
	My Commission Expires	

I affirm under penalties of perj	ury that the foregoing representations are true.
Respondent's Signature	
STATE OF INDIANA	
COUNTY OF	
	, a notary public County, State of Indiana, personally appeared and being duly sworn upon
	lleged in the foregoing instrument are true.
Date Notary Public My Commission Expires	
7. Having reviewed the parties court now approves the agreem	' agreement and finding it fair and equitable, the nent as submitted.
SO ORDERED.	
Dated:	
	Judge, Delaware Circuit Court No