

STATE OF INDIANA
DELAWARE COUNTY

SS:

IN THE DELAWARE CIRCUIT
COURT NO.

CAUSE NO. _____

Petitioner,

and

Respondent.

VERIFIED PETITION TO ESTABLISH DEPENDENCY EXEMPTION(S)

_____, requests this Court to establish an order regarding dependency exemptions and states in support:

1. The current court order states that _____ has primary physical custody of the child(ren).
2. The current court order states that _____ shall pay support in the amount of \$_____ per week.
3. The current court order does not specify which parent may claim the child(ren) as a dependent for federal and state tax purposes.
4. I am asking the Court to set this issue for a hearing and to issue an order concerning which parent may claim the child(ren) as a dependent for federal and state tax purposes.

WHEREFORE, the undersigned prays that the Court set this matter for hearing, that the Court issue an order regarding the dependency exemptions, and for all other just and proper relief.

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

Date: _____

Signature: _____

CERTIFICATE OF SERVICE

I certify that on the _____ day of _____, 20____, I have served the following party with a copy of this Verified Petition to Establish Dependency Exemptions by personal service or by depositing the same in the U.S. Mail, postage prepaid, to:

Name of opposing party: _____

Address: _____

Your name: _____

Address: _____

Telephone: _____

STATE OF INDIANA

IN THE DELAWARE CIRCUIT
COURT NO. _____

DELAWARE COUNTY SS:

CAUSE NO. _____

Petitioner,

and

Respondent.

ORDER ESTABLISHING DEPENDENCY EXEMPTIONS

The Court, having reviewed the Verified Petition to Establish Dependency Exemptions, now enters the following order:

1. On the _____ day of _____, _____, _____ (Name of Party) filed a Petition to Establish Dependency Exemptions.

2. The Court set this matter for hearing, and _____ appeared in person and representing herself and _____ appeared in person and representing himself. Evidence was heard and concluded.

3. The Original Petitioner/Respondent, _____, may claim the following minor child/children as dependents for federal and state income tax purposes in odd numbered/even numbered/every year (designate which applies):

3. The custodial parent, _____ (insert custodial parent's name) shall take all actions necessary to release the custodial parent's claim to the exemption(s) in the manner required under Section 152(e) of the Internal Revenue Code.

4. _____ (name of non-custodial parent) may only claim the child(ren) as a dependent for federal and state tax purposes if the parent has paid at least 95% of the parent's child support obligation for the calendar year for which the parent is ordered to claim the child(ren) as a dependent by January 31 of the following year.

SO ORDERED this _____ day of _____, _____.

Judge

Distribute to:

(Petitioner)

(Address)

(Respondent)

(Address)

STATE OF INDIANA
DELAWARE COUNTY

SS:

IN THE DELAWARE CIRCUIT
COURT NO. _____

CAUSE NO. _____

Petitioner,

and

Respondent.

JOINT PETITION TO ESTABLISH DEPENDENCY EXEMPTIONS

The parties request this Court to establish an order regarding dependency exemptions and states in support :

1. _____ has been ordered to pay child support in the amount of \$ _____ per week.
2. _____ has been awarded primary physical custody of the child.
3. The Court has not entered an order regarding dependency exemptions.
4. The parties waive a hearing and ask the Court to enter an order as follows:

Non-Custodial parent shall claim _____ as a dependent(s) for federal and state income tax purposes in odd-numbered/even-numbered/all years (underline as applicable).

WHEREFORE, the undersigned pray that the Court issue an order consistent with the above agreement, and for all other just and proper relief.

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

Date: _____

Petitioner

Petitioner's Address:

Petitioner's Telephone Number:

Date: _____

Respondent

Respondent's Address:

Respondent's Telephone Number:

STATE OF INDIANA
DELAWARE COUNTY

SS:

IN THE DELAWARE CIRCUIT
COURT NO. _____

CAUSE NO. _____

Petitioner,

and

Respondent.

AGREED ORDER AS TO DEPENDENCY EXEMPTIONS

The Court, having reviewed the Verified Joint Petition to Determine Dependency Exemptions, now enters the following order:

1. On the _____ day of _____, _____, the parties submitted a Joint Petition to Determine Dependency Exemptions.
2. _____ (name of non-custodial parent) may claim the following minor child/children as dependents for federal and state income tax purposes in odd numbered/even numbered/every year (designate which applies):

3. The custodial parent, (insert custodial parent's name) shall take all actions necessary to release the custodial parent's claim to the exemption(s) in the manner required under Section 152(e) of the Internal Revenue Code.

4. _____ (name of non-custodial parent) may only claim the child(ren) as a dependent for federal and state tax purposes if the parent has paid at least 95% of the parent's child support obligation for the calendar year for which the parent is ordered to claim the child(ren) as a dependent by January 31 of the following year.

SO ORDERED this _____ day of _____, _____.

Judge

Distribute to:

(Petitioner)

(Address)

(Respondent)

(Address)

APPEARANCE BY A SELF-REPRESENTED LITIGANT IN A CIVIL CASE
(Not For Use in a Protective Order (PO) Case)

STATE OF INDIANA
DELAWARE COUNTY

SS:

IN THE DELAWARE CIRCUIT
COURT NO. _____

_____,
Petitioner/Plaintiff,

CAUSE NO. 18C0_____

v.

_____,
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 _____ No _____

*(If yes, supply Social Security Numbers for all family members on a separately
Attached document filed as confidential information on **light green paper**.
Use Form TCM-TR3.1-4.)*

8. There are related cases: Yes _____ No _____
(If yes, list in the space following #8.)

9. You MUST serve this Form and any other pleadings or documents you are filing or will file in this case on all other attorneys (or the other parties, if they are not represented by an attorney.) This form has been served on all other parties and Certificate of Service is attached:

Yes _____ No _____

Your Signature

Your Printed Name

CERTIFICATE OF SERVICE

I certify that on the _____ day of _____, 20____, I served copy of the foregoing Appearance on _____ [here insert Name of Person Served] at the following address: _____, by the following method of service: _____ [please specify as U.S. Mail, personal service, fax, email, etc.]

Your Signature

APPEARANCE BY A SELF-REPRESENTED LITIGANT IN A CIVIL CASE
(Not For Use in a Protective Order (PO) Case)

STATE OF INDIANA
DELAWARE COUNTY

SS:

IN THE DELAWARE CIRCUIT
COURT NO. _____

_____,
Petitioner/Plaintiff,

CAUSE NO. 18C0_____

v.

_____,
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 _____ No _____

*(If yes, supply Social Security Numbers for all family members on a separately
Attached document filed as confidential information on **light green paper**.
Use Form TCM-TR3.1-4.)*

8. There are related cases: Yes _____ No _____
(If yes, list in the space following #8.)

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Yes _____ No _____

Your Signature

Your Printed Name

CERTIFICATE OF SERVICE

I certify that on the _____ day of _____, 20____, I served copy of the foregoing Appearance on _____ [here insert Name of Person Served] at the following address: _____, by the following method of service: _____ [please specify as U.S. Mail, personal service, fax, email, etc.]

Your Signature