STATE OF INDIANA

IN THE ELKHART SUPERIOR COURT 6

COUNTY OF ELKHART

CASE NO: _____

IN RE THE GRANDPARENT VISITATION OF:

)

)

Name of Person Filing Choose One:
Grandmother
Grandfather

Name of Person Filing Choose One:
Grandmother
Grandfather

And

Name of Person Responding Choose One:
Mother
Father
Other:

VERIFIED AGREED ENTRY TO MODIFY GRANDPARENT VISITATION

	Comes now		, self-represented,
and			, self-represented, and submit
the fol	lowing terms as evidence of th	eir agreement in this matter:	
1.	That parents have mi	nor child(ren), namely:	
	Child's Name	Date of Birth	(Additional Children and DOB:)
2.	That the parties' Order Estab	lishing Grandparent Visitation is	s dated

3. That the last order on grandparent visitation states that grandparent visitation time shall be as follows:

4. That a change in grandparent visitation time is in the best interest of the minor child(ren) because:

5. That we are asking the Court to enter a grandparent visitation order as follows:

WHEREFORE, the parties waive their right to a hearing, ask that the Court modify grandparent visitation time as outlined above, and order all other further relief that is just and proper in the premises.

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

Signature	Date	
Printed Name	Email Address	
STATE OF INDIANA		
COUNTY OF		
Before me,	a notary public in and for	County, State of
Indiana, personally appeared	, and he/she having b	been first duly sworn
upon his/her oath, says that the facts all a	alleged in the foregoing instrument are true.	
Date:	_	
Notary Public:		
My Commission Expires:		

<u>.</u>	<u></u>	
Signature	Date	
Printed Name	Email Address	
STATE OF INDIANA		
COUNTY OF		
	a notary public in and for	
Indiana, personally appeared	, and l	ne/she having been first duly sworn
upon his/her oath, says that the facts all	alleged in the foregoing instrument are true	
Date:		
Notary Public:		
My Commission Expires:		
Signature	Date	
Printed Name	Email Address	
STATE OF INDIANA		
COUNTY OF		
Before me,	a notary public in and for	County, State of
	, and l	
upon his/her oath, says that the facts all	alleged in the foregoing instrument are true	
Date:		
Notary Public:		
My Commission Expires:		

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