**STATE OF INDIANA** 

**IN THE ELKHART SUPERIOR COURT 6** 

COUNTY OF ELKHART

CASE NO: \_\_\_\_\_

## IN RE THE PATERNITY OF:

Child's Name

) )

)

Name of the Person Filing Select One: 
Mother Father 
Putative Father
Other:

And

Name of the Other Person Select One: 
Mother Father 
Putative Father
Other

## UNIFORM CHILD CUSTODY JURISDICTION AFFIDAVIT

I, \_\_\_\_\_, state the following:

## 1. I am a party in the above-captioned case.

2. Th	e parties have	minor	child(ren):
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a.	Name:	Date of Birth:
b.	Name:	Date of Birth:
c.	Name:	Date of Birth:
d.	Name:	Date of Birth:
e.	Name:	Date of Birth:
f.	Name:	Date of Birth:

(Additional Names and DOB if needed:)

3. The minor child(ren) currently live with \_\_\_\_\_\_ at the following address: \_\_\_\_\_\_\_, where the child(ren) has/have lived since: \_\_\_\_\_\_. The names of all persons who have lived with the child(ren) at this address are: \_\_\_\_\_\_.

4. Previous to the date listed above, and going back five (5) years, said child(ren) has/have lived at the following

addresses, with the named individuals:

	a.	From	to	with
		at the followin	g address:	•
	b.	From	to	with
		at the followin	g address:	
	c.	From	to	with
		at the followin	g address:	
	d.	From	to	with
		at the followin	g address:	······································
5.	□ The invo a.	re are additional olving the child() Court: Parties:	cases pending in othe ren). Those cases are:	child(ren) in any other Court or State; -OR- r Courts or States, or additional cases pending in this Court, Cause Number: Cause Number:
	c.			Cause Number:
		Parties:		
	If	any of the above	cases include domestic	c violence, Child In Need of Services (DCS), Termination of Parental
		ghts, Adoption, volved:	Guardianship, or Prot	tection Orders, please briefly explain why the child(ren) is/are
6.		are no persons w e following pers		ody, parenting time, or visitation rights with the child(ren) other
		• •		Relationship:
	а.	1 ann.		Kolationismp

	Address:	
b.	Name:	Relationship:
	Address:	

- c. Name: \_\_\_\_\_\_ Relationship: \_\_\_\_\_ Address: \_\_\_\_\_
- 7. I understand I must keep the Court informed in writing of changes to any of the information listed on this form.
- 8. I understand that if this information is not given to the Court, a hearing on my motion regarding custody, parenting time, or visitation may be delayed until the information is provided.
- 9. I affirm under the penalties of perjury that these statements are true.

/s/ Signature

Date

Printed Name

Email Address