

STATE OF INDIANA )  
 )  
COUNTY OF ELKHART )

IN THE ELKHART SUPERIOR COURT 6

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

IN RE THE \_\_\_\_\_ OF: \_\_\_\_\_  
(Child's Name if Required)

\_\_\_\_\_  
Name of Person Filing

Mother  Father  Other: \_\_\_\_\_

And

\_\_\_\_\_  
Name of Person Responding

Mother  Father  Other: \_\_\_\_\_

### ORDER FOR MODIFICATION OF CHILD SUPPORT

Comes now \_\_\_\_\_, self-represented, having filed a *Verified Petition for Modification of Child Support* and the Court being duly advised in the premises, now finds that there has been a change in circumstances so substantial and continuing as to make the terms of the current child support order unreasonable, and that the child support order should be modified to reflect the substantial change in circumstances.

IT IS THEREFORE ORDERED that:

1. \_\_\_\_\_ is to pay child support in the amount of \$ \_\_\_\_\_ per week, effective on \_\_\_\_\_.
2. All support payments shall be made through direct deposit, the Way2Go Mastercard Debit Card, check/money order/cashier's check sent to the Indiana State Central Collection Unit (PO Box 7130, Indianapolis, IN 46207-7130), by online credit/debit card payment, or with cash at the County Clerk's Office, MoneyGram location, or PayNearMe location. The Court shall issue an immediately activated Income Withholding Order pursuant to IC 31-16-15 to any employer or income provider of the child support Obligor.
3. Arrearages are not determined at this time and are reserved for a later date.
4.   **Mother** /  **Father** shall maintain medical, dental, and optical insurance as available through employment, or Health Insurance Marketplace, or by government provided insurance for the minor child(ren).

-OR-

Health insurance is not available to either parent at a reasonable cost, therefore, neither party is ordered to provide health insurance at this time. In the event that health insurance for the child(ren) becomes available at a reasonable cost to one or both of the parents, the parent to whom such coverage is available shall obtain coverage for the child(ren) within a reasonable time after such coverage becomes available.

**-OR-**

Other:

5.  **Mother** /  **Father** will be responsible for the first \_\_\_\_\_ of annual uninsured health and medical, dental, optical, hospital, and prescription expenses for the minor child(ren). Thereafter,  **Mother** /  **Father** shall be responsible for \_\_\_\_\_% of annual uninsured medical expenses for the minor child(ren), and  **Mother** /  **Father** shall be responsible for \_\_\_\_\_% of annual uninsured medical expenses for the minor child(ren).

**-OR-**

Other:

6.  **Mother** /  **Father** shall be entitled to claim the minor child(ren) for federal, state, and local income tax purposes on an annual basis. The parents shall cooperate and sign all necessary documents that will allow the party claiming the exemptions to do so. The non-custodial parent's right to this exemption is conditioned on them being 95% compliant in their support by January 31 of their tax year pursuant to IC 31-16-6-1.5(d). The custodial parent shall take all actions necessary to release their claim to the exemption in the manner required under Section 152(e) of the Internal Revenue Code.

**-OR-**

Mother and father shall each be entitled to claim the minor child(ren) for federal, state, and local income tax purposes in alternating years. Mother shall be entitled to claim the minor child(ren) in the year \_\_\_\_\_, and every \_\_\_\_\_ year thereafter. Father shall be entitled to claim the minor child(ren) in the year \_\_\_\_\_, and every \_\_\_\_\_ year thereafter. The parents shall cooperate to sign all necessary documents that will allow the party claiming the exemption to do so.

**-OR-**

Other:

**SO ORDERED** \_\_\_\_\_

\_\_\_\_\_  
Judicial Officer  
Elkhart Superior Court 6

Distribution: