

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  Alleged Father  
 Husband  Wife  Other: \_\_\_\_\_

And

\_\_\_\_\_  
Name of Person Responding  
 Mother  Father  Alleged Father  
 Husband  Wife  Other: \_\_\_\_\_

**MOTION FOR ADR-FUNDED SERVICES**

Comes now \_\_\_\_\_, self-represented, and Moves the Court for services. The specific request(s) is/are as follows:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Mediation   | <input type="checkbox"/> Co-Parenting Counseling             | <input type="checkbox"/> Guardian ad Litem (GAL)  |
| <input type="checkbox"/> Other Alternative Dispute Resolution method:<br>_____ | <input type="checkbox"/> High Conflict Resolution Counseling | <input type="checkbox"/> TransParenting Class     |
|  |  | <input type="checkbox"/> Seasons Class            |
|  |  | <input type="checkbox"/> Peaceful Parenting Class |

I have completed a Verified Financial Disclosure Form, which is included in this filing.

/s/ \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Email Address

**CERTIFICATE OF SERVICE**

I hereby certify that I sent a copy of this motion to the other person's attorney, or to the other person if they are not represented by an attorney, via:

- Registered mail at this address: \_\_\_\_\_
- Certified mail at this address: \_\_\_\_\_
- Sheriff
- E-Service in accordance with Trial Rule 86 at this email address: \_\_\_\_\_
- Other: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date