STATE OF INDIANA)	IN THE ELKHART SUPERIOR COURT 6		
COUNTY OF ELKHART)	CASE NO:		
IN RE THE	OF:	(Child's Name if Required)		
		(Child's Name if Required)		
Name of Person Filing				
Select One: ☐ Mother ☐ Father ☐ H	[usband □ Wife			
☐ Other:				
And				
Name of Person Responding				
Select One: ☐ Mother ☐ Father ☐ H ☐ Other:				
МО	TION TO MODIFY	⊓ REQUEST:		
(State	e specific situation you are v	vishing to change)		
Comes now	, se	elf-represented, and files a Motion to		
☐ Modify / ☐ Request		. In support of		
said Motion, I state:				
1. That there is/are min	☐ That there is/are minor child(ren) involved in this case, namely:			
Child's Name	Date of Birth	(Additional Names and DOB:)		
				
	-OR-			
☐ That there are no children in	ivolved in this case.			
2. ☐ That there has never been an	order entered on	·		
	-OR-			
☐ That the last order on		is dated		

and states:

3.	That I wish to		
	because:		
4.	☐ That this change/request is in the best interest of the child(ren) because:		
5.	\Box That there is another party in this case, and they are in agreement with this change or request. Therefore, I would like the court to order:		
	-OR-		
	☐ That there is another party in this case, and they are NOT in agreement with this change or request. Therefore, I would like the court to set a hearing in this matter.		
-OR-			
	\Box That I am the only party in this case. Therefore, I would like the court to order:		

WHEREFORE, I request that the Court set this matter for hearing, and upon hearing, approve the suggested modification/request, and order all 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.

/s/	
Signature	Date
Printed Name	_
Email Address	_
\square Service not required because I am the only party in	this case.
\square Service is required because I am not the only party	in this case.
CERTIFIC	CATE OF SERVICE
I hereby certify that I sent a copy of this Motion to the represented by an attorney, via: Registered mail at this address:	other person's attorney, or to the other person if they are not
☐ Certified mail at this address:	
□ Sheriff	
	36 at this email address:
☐ Other:	
Signature	Date