

STATE OF INDIANA)

IN THE ELKHART SUPERIOR COURT

COUNTY OF ELKHART)

CASE NO: _____

IN RE: THE _____ OF: _____

(Child's Name if Required)

Name of Filer
and

Name of Responding

ORDER

The Court, having reviewed the Motion for Services, now:

APPROVED: Court authorizes full amount of visit fee to be paid.

APPROVED: Court authorizes \$ _____ amount to be paid per visit, visiting parent to pay \$ _____ directly to CAPS for each visit

ORDERS the party to provide more information by _____ about:

DENIES the Motion.

Date

Distribution:

Address:

Address: