

STATE OF INDIANA )  
 )  
COUNTY OF ELKHART )

IN THE ELKHART SUPERIOR COURT  
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 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"/> Partners in Parenting 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

\_\_\_\_\_  
Address  check if new

### 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 for \$28.00  
 E-Service per Trial Rule 86 at this email address: \_\_\_\_\_  
 Hand delivery at this address: \_\_\_\_\_  
 Other: \_\_\_\_\_

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

\_\_\_\_\_  
Date