

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: _____

AGREED ORDER FOR MODIFICATION OF CHILD SUPPORT

Comes now _____ and _____, self-represented, having filed a Motion 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.

- Based upon the child support worksheet submitted, the Court now orders _____ pay child support to _____ in the amount of \$ _____ each week, effective _____. Child support payments should be made through the County Clerk's Office or the Indiana State Central Collection Unit, PO Box 7130 Indianapolis, IN 46220-7130. Parent shall likewise pay any assessed annual support fee.

As required by statute, an immediate income withholding order shall be entered.

_____ is directed to prepare and submit the income withholding order to the court within 7 days. Income Withholding Orders (IWO) are required by statute if you have a regular paying job. The IWO form may be found at the IWO Website <https://www.in.gov/dcs/child-support/custodial-party-information/income-withholding/> or at the Access to Justice Center located on the main floor of the Elkhart County Courthouse.

-OR-

- Child support is terminated at this time because:

2. Arrearages are not determined at this time and are reserved for a later date.
3. _____ is responsible for maintaining health insurance for the minor child(ren) either through employment, the marketplace if available at a reasonable cost or through government-provided insurance and is responsible for providing the other parent proof of this coverage on an annual basis while promptly notifying the other parent of any and all changes in the coverage.
4. Routine non-prescription personal care expenses such as over-the-counter medications, bandages, and vitamins which do not travel with the child and are kept in the purchasing parent's home are paid by the parent exercising parenting time when the expense is incurred.
5. **Father** shall be responsible for _____% and **Mother** for _____% any reasonable and necessary uninsured medical, dental, orthodontic, hospital, vision, pharmaceuticals, and psychological expenses for the child(ren). Each parent shall regularly keep the other parent advised of these expenses incurred and shall provide all necessary documents related to these expenses (*bills, payments, amounts due, etc.*). Each parent shall promptly pay their portion of these expenses.
6. To request contribution of uninsured health care expended from the other parent, copies of all documentation relating to the insurance claim and expenses paid or incurred by a parent must be provided to the other parent within 30 days of receipt or the expense may be ineligible for contribution.
7. As required by statute, an immediate income withholding order shall be entered.
_____ is directed to prepare and submit the income withholding order to the court within 7 days.

WHEREFORE, _____ and _____ waive their right to a hearing, request that the Court grant this motion to modify the existing child support and order all other relief that is just and proper in the premises.

I affirm under the penalties of perjury that the foregoing representations are true.
(Signatures must be made in front of a Notary.)

Signature

Date

Printed Name

Email Address

STATE OF INDIANA

COUNTY OF _____

Before me _____, a notary public _____ County, State of Indiana, personally appeared _____ and being duly sworn upon his/her oath, says that the facts alleged in the foregoing instrument are true.

Date _____

Notary Public _____

My Commission Expires _____

I affirm under the penalties of perjury that the foregoing representations are true.

Signature

Date

Printed Name

Email Address

STATE OF INDIANA

COUNTY OF _____

Before me _____, a notary public _____ County, State of Indiana, personally appeared _____ and being duly sworn upon his/her oath, says that the facts alleged in the foregoing instrument are true.

Date _____

Notary Public _____

My Commission Expires _____

Findings of the Court

This document represents an agreement submitted by the parties for approval by the Court. The parties have agreed to waive a hearing and have agreed to the terms above.

SO ORDERED _____

Judicial Officer, Elkhart Superior Court 6

Distribution:
Filing Party _____

Responding Party _____

Address:

Address: