| STATE OF INDIANA )           | IN THE ELKHART SUPERIOR COURT 6 |
|------------------------------|---------------------------------|
| COUNTY OF ELKHART )          | CASE NO:                        |
| IN RE THE MARRIAGE OF:       |                                 |
| Name of the Filing Spouse    |                                 |
| Select One: ☐ Husband ☐ Wife |                                 |
| And                          |                                 |
| Name of Responding Spouse    |                                 |
| Select One: ☐ Husband ☐ Wife |                                 |
| SUMMONS IN DISSOLUTION       | ON OF MARRIAGE WITH CHILDREN    |
| То:                          |                                 |
| Name of Spouse Being Served  | Address                         |
| Email Address                |                                 |

Your spouse has filed this case for Dissolution of Marriage.

If you do not respond to this Summons, that is, if you do not file a written appearance with the Court, a Final Decree of Dissolution will be issued after 60 days granting the relief sought by your spouse as stated in their Petition for Dissolution, which you should be receiving with this Summons.

Both Spouses are required to follow the Family Court Local Rules 400 Series. You should read the entire set of Rules found at <u>Elkhart County Courts</u> under Local Rules. A five-page Highlight Summary is required to be attached to this Summons, but a full reading of those Rules is highly recommended.

The Elkhart County Family Court expects cooperation and communication, especially when children are involved. It is best if you and your spouse can work out as many agreements for your family as possible prior to your first appearance in court. If you and your spouse are unable to work together, expect to attend a Problem-Solving Settlement Conference within 45 to 60 days of receiving this Summons, unless otherwise waived by the Court.

If spousal maintenance is requested, you are required to provide evidence of your weekly gross income (your pay before any deductions) and documents to verify year-to-date income (pay stub or employer statement) and your last income tax return, including all W-2s, 1099s and all accompanying schedules. There should be a Subpoena attached with the specific financial information that is essential to making these decisions.

| You are highly encouraged to attain an attorney. In some circumstances, more money than you or controls more of your families' income, then your spou your attorney fees. There is also a list of free or low-cost attorney programs in the | se may be ordered to pay |  |
|---|--------------------------|--|
| Summary attached to this Summons.   | or anning Law mighingh   |  |
| ☐ Hearing on Provisional (Temporary) Orders has been set for  | ·                        |  |
| If no hearing has been requested, you may request a hearing for living expenses   | and maintenance.         |  |
|   |                          |  |
| This Summons Issued by the Clerk  |                          |  |
|   |                          |  |
| Date Clerk of the Court, Elkhart County, India  | na                       |  |
|   |                          |  |
| Contact information for Attorney for Filer:   |                          |  |
|   |                          |  |
|   |                          |  |
| The fellowing manner of service is requested.   Desistant Mail Contife  | AMail Showiff            |  |
| The following manner of service is requested:  Registered Mail Certified Mail Sheriff  E-Service per Trial Rule 86 Other:   |                          |  |
| L-Service per Than Rule 80 Li Other.  |                          |  |
|   |                          |  |
| SERVICE ACKNOWLEDGED  |                          |  |
| I hereby acknowledge that I received a copy of this Summons and copies of the   | designated documents at  |  |
| , Indiana, on this date,  | ,                        |  |
| 20  |                          |  |
| (Select: Wife Husband)  |                          |  |
|   |                          |  |
|   |                          |  |
| Return of Service Information:  |                          |  |