

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  
Select One:  Mother  Father  Other: \_\_\_\_\_

And

\_\_\_\_\_  
Name of Person Responding  
Select One:  Mother  Father  Other: \_\_\_\_\_

### VERIFIED AGREED ENTRY TO MODIFY CUSTODY

Comes now \_\_\_\_\_, self-represented, and \_\_\_\_\_,  
self-represented, and submit the following terms as evidence of their agreement in this matter:

1. That the parties have \_\_\_\_\_ minor child(ren), namely:

Child's Name	Date of Birth	(Additional Children and DOB:)
_____	_____	
_____	_____	
_____	_____	
_____	_____	

2. That on \_\_\_\_\_, \_\_\_\_\_ was ordered by this Court to have \_\_\_\_\_ custody of the child(ren).

3. That since that time, there has been a substantial change in one (1) or more of the following factors (*select all that apply*):

- |   |  |
|---|--|
| <input type="checkbox"/> (A) The age of the child(ren)  | <input type="checkbox"/> (E) The interaction and interrelationships of the child(ren) with their parent(s), sibling(s), and/or any other person who may significantly affect the child(ren)'s best interests |
| <input type="checkbox"/> (B) The sex of the child   | <input type="checkbox"/> (F) The child(ren)'s adjustment to the their home, school, and/or community   |
| <input type="checkbox"/> (C) The wishes of the child(ren)'s parent(s)   | <input type="checkbox"/> (G) The mental and physical health of all individuals involved  |
| <input type="checkbox"/> (D) The wishes of the child(ren), with more consideration given for a child's wishes if the child is at least fourteen (14) years of age | <input type="checkbox"/> (H) Evidence of a pattern of domestic violence by either parent   |
|   | <input type="checkbox"/> (I) Evidence the child(ren) has/have been cared for by a de facto custodian   |

4. That custody should be modified to reflect the substantial change in circumstances.

5. \_\_\_\_\_ shall now have \_\_\_\_\_ custody of the child(ren).

6. Parenting time with the minor child(ren) shall be as follows:

**Mother**  **Father** shall have parenting time with the minor child(ren), at a minimum, as set out by the Indiana Parenting Time Guidelines.

**-OR-**

It is in the best interests of the minor child(ren) to follow a parenting time schedule that does NOT follow the Indiana Parenting Time Guidelines. Parenting time with the minor child(ren) shall be as follows:

7. \_\_\_\_\_ will pay child support to \_\_\_\_\_ in the amount of \_\_\_\_\_ per week, per the Child Support Guidelines Worksheet.

8. All support payments shall be made through direct deposit, the Way2Go Mastercard Debit Card, check/money order/cashier's check sent to the Indiana State Central Collection Unit (PO Box 7130, Indianapolis, IN 46207-7130), by online credit/debit card payment, or with cash at the County Clerk's Office, MoneyGram location, or PayNearMe location. The Court shall issue an immediately activated Income Withholding Order pursuant to IC 31-16-15 to any employer or income provider of the child support Obligor.

9.   **Mother**  **Father** shall maintain medical, dental, and optical insurance as available through employment, or Health Insurance Marketplace, or by government provided insurance for the minor child(ren).

**-OR-**

Health insurance is not available to either parent at a reasonable cost, therefore, neither party is ordered to provide health insurance at this time. In the event that health insurance for the child(ren) becomes available at a reasonable cost to one or both of the parents, the parent to whom such coverage is available

shall obtain coverage for the child(ren) within a reasonable time after such coverage becomes available.

**-OR-**

Other:

10.  **Mother**  **Father** will be responsible for the first \_\_\_\_\_ of annual uninsured health and medical, dental, optical, hospital, and prescription expenses for the minor child(ren). Thereafter,  **Mother**  **Father** shall be responsible for \_\_\_\_\_% of annual uninsured medical expenses for the minor child(ren), and  **Mother**  **Father** shall be responsible for \_\_\_\_\_% of annual uninsured medical expenses for the minor child(ren).

**-OR-**

Other:

11.  **Mother**  **Father** shall be entitled to claim the minor child(ren) for federal, state, and local income tax purposes on an annual basis. The parents shall cooperate and sign all necessary documents that will allow the party claiming the exemptions to do so. The non-custodial parent's right to this exemption is conditioned on them being 95% compliant in their support by January 31 of their tax year pursuant to IC 31-16-6-1.5(d). The custodial parent shall take all actions necessary to release their claim to the exemption in the manner required under Section 152(e) of the Internal Revenue Code.

**-OR-**

Mother and father shall each be entitled to claim the minor child(ren) for federal, state, and local income tax purposes in alternating years. Mother shall be entitled to claim the minor child(ren) in the year \_\_\_\_\_, and every \_ **odd** / \_ **even** year thereafter. Father shall be entitled to claim the minor child(ren) in the year \_\_\_\_\_, and every \_ **odd** / \_ **even** year thereafter. The parents shall cooperate to sign all necessary documents that will allow the party claiming the exemption to do so.

**-OR-**

Other: \_\_\_\_\_

WHEREFORE, \_\_\_\_\_ and \_\_\_\_\_ waive their right to a hearing, request that the Court grant this petition, modify custody of the minor child(ren), modify the existing child support and parenting time orders as is appropriate, and order all other relief that is just and proper in the premises.

I affirm under the penalties for perjury that the foregoing representations and statements are true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Email Address

STATE OF INDIANA

COUNTY OF \_\_\_\_\_

Before me, \_\_\_\_\_ a notary public in and for \_\_\_\_\_ County, State of Indiana, personally appeared \_\_\_\_\_, and he/she having been first duly sworn upon his/her oath, says that the facts all alleged in the foregoing instrument are true.

Date: \_\_\_\_\_

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

I affirm under the penalties for perjury that the foregoing representations and statements are true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Email Address

STATE OF INDIANA

COUNTY OF \_\_\_\_\_

Before me, \_\_\_\_\_ a notary public in and for \_\_\_\_\_ County, State of Indiana, personally appeared \_\_\_\_\_, and he/she having been first duly sworn upon his/her oath, says that the facts all alleged in the foregoing instrument are true.

Date: \_\_\_\_\_

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**SO ORDERED** \_\_\_\_\_

\_\_\_\_\_  
Judicial Officer  
Elkhart Superior Court 6

Distribution: