

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: _____

VERIFIED AGREED ENTRY FOR MODIFICATION OF CHILD SUPPORT

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

1. That the parents have _____ minor child(ren), namely:

Child's Name

Date of Birth

(Additional Names and DOB if needed:)

_____	_____
_____	_____
_____	_____
_____	_____

2. _____ is ordered to pay \$_____ in current child support to _____ effective on _____.

3. Since that time, there has been a change in circumstances that makes the current order vary more than 20% from what the child support guidelines would indicate should be paid, or so substantial and continuing as to make the terms of the current support order unreasonable.

4. Child support should be modified to reflect the substantial change in circumstances.

5. _____ shall now pay child support in the amount of \$ _____ per week to _____, effective on _____. *(Choose an effective date between the date you filed your petition and the date you are filing this Agreed Entry with the Court.)*

6. 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.

7. Arrearages are not determined at this time and are reserved for a later date.

8. **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:

9. **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:

10. **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 _____ year thereafter. Father shall be entitled to claim the minor child(ren) in the year _____, and every _____ year thereafter. The parents shall cooperate to sign all necessary documents that will allow the party claiming the exemption to do so.

-OR-

Other:

11. Parties waive their right to a hearing.

WHEREFORE, _____ and _____ request that this Court modify the existing child support obligation and order all further 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: