STATE OF INDIANA	)	IN THE ELKHART SUPERIOR COURT 6
COUNTY OF ELKHART	)	CASE NO:
IN RE THE CUSTODY OF:	Child's Nam	e
Name of Person Filing Relationship to Child:		
And		
Name of Person Responding  ☐ Mother ☐ Father ☐ Other		
Name of Person Responding  ☐ Mother ☐ Father ☐ Other		
VERIFI	ED PETITION	FOR CUSTODY OF A CHILD
Comes now	,	self-represented, and hereby files a Verified Petition for Custody
of a Child and states as follows:		
1. Custody of the minor child is b	peing sought pursua	ant to IC 31-17-2-3(a)(2).
2. Name of Child:		
Child's date of birth:		
3. The person filing this Petition i	is:	
Name:		
Email Address:		
Phone number:		
4. The child currently lives with r	ne: □ Yes □ No	
If yes, for how long?	·	

5.	I know the child as follows: (relative, friend, etc., explain details below)		
6.	I have known the child for (years, months, etc.)		
7.	Please indicate the following:		
	Mother's name:		
	Mother's address:		
	Mother's email address:		
	Father's name:		
	Father's address:		
	Father's email address:		
	Any other person who has care or control of the child and their information:		
8.	Explain why the child's mother, father, or other caregiver are no longer able to care for the child:		
9.	If the child is in your care, explain how that occurred:		
10.	The child's mother agrees that I should have custody of the child: $\square$ Yes $\square$ No $\square$ Unsure		
	The child's father agrees that I should have custody of the child: $\ \square$ Yes $\ \square$ No $\ \square$ Unsure		
	The child's other caregiver agrees that I should have custody of the child: $\square$ Yes $\square$ No $\square$ Unsure		
11.	Does the child own any property, real or personal, other than personal effects? ☐ Yes ☐ No ☐ Unsure  If yes, please explain:		

12. I have sent a copy of this Petition to the	he child's Mother, Father, and/or other caregiver: $\square$ Yes $\square$ No
WHEREFORE, I request that the Co	ourt set this matter for hearing, and upon hearing, modify the existing custody elief that is just and proper in the premises.
I affirm under the penalties of p	perjury that the foregoing representations and statements are true.
/s/	
Signature	Date
Printed Name	
Email Address	
	CERTIFICATE OF SERVICE
represented by an attorney, via:	ion to the other person's attorney, or to the other person if they are not
☐ Certified mail at this address:	
☐ Sheriff	<del>-</del>
/s/	
Signature	Date
	CERTIFICATE OF SERVICE
I hereby certify that I sent a copy of this Petiti represented by an attorney, via:	ion to the other person's attorney, or to the other person if they are not
☐ Certified mail at this address:	
□ Sheriff	
	<del></del>
/s/	
Signature	Date