| STATE OF INDIANA |) | IN THE ELKHART SUPERIOR COURT 6 |
|---|---------------------------|---|
| COUNTY OF ELKHART |) | CASE NO: |
| IN RE THE GRANDPARENT | VISITATION OF: | |
| Name of Person Filing Choose One: □ Grandmother □ G | Grandfather | |
| Name of Person Filing Choose One: □ Grandmother □ G | | |
| And | | |
| Name of Person Responding Choose One: □ Mother □ Father | ☐ Other: | |
| VERIFIE | CD PETITION FOR GRA | NDPARENT VISITATION |
| Comes now | | , self-represented, having filed a |
| Verified Petition for Grandparent V | | |
| 1. That parents have1 | minor child(ren), namely: | |
| Child's Name | Date of Birth | (Additional Names and DOB:) |
| | | |
| | | |
| 2. That I/we am/are the: ☐ M ☐ Paternal Grandfather of | | ternal Grandfather / Paternal Grandmother / |
| 3. That the minor child(ren)'s | s parents are: | and |

| 4. | That, \square mother / \square father / \square guardian: | | | | |
|-----|---|-----------|--|--|--|
| | currently has physical custody of the minor child(ren). | | | | |
| 5. | That, □ grandmother / □ grandfather, currently It | y resides | | | |
| 6. | Γhat the minor child(ren) currently reside(s) at . | | | | |
| 7. | Γhat, the custodial parent/guardian, currently resides at | | | | |
| 8. | Γhat, the noncustodial parent, currently resides at | | | | |
| | □ parents reside together □ That, the other noncustodial parent, currently resides at | | | | |
| 9. | That at least one of the following is true: <i>(Check all that apply)</i> ☐ The minor child(ren)'s ☐ Mother / ☐ Father is/are deceased. | | | | |
| | ☐ The marriage of the minor child(ren)'s parents has been dissolved in Indiana. | | | | |
| | County: Cause No.: | | | | |
| | ☐ The child(ren) was/were born out of wedlock, and: | | | | |
| | \square I am a paternal grandparent and the father has established paternity. | | | | |
| | ☐ County: Cause No.: | | | | |
| | \square Paternity was established via paternity affidavit at the hospital or shortly after the α | child's | | | |
| | birth. | | | | |
| | -OR- | | | | |
| | ☐ I am a maternal grandparent. | | | | |
| 10. | Adoption | | | | |
| | ☐ That an Adoption Petition has been filed for the minor child(ren) by | | | | |

| | on | , in | County, in the State of Indiana. |
|-----|----------------------------|----------------------------------|--|
| | ☐ That there is | not an adoption decree for the | minor child(ren). |
| 11. | That the last tim | ne I/we saw the minor child(ren |) in person was: |
| 12. | That the last tim | ne I/we communicated with the | minor child(ren) through any means was: |
| 13. | That prior to the ways: | e above two (2) dates, I/we was | /were involved in the minor child(ren)'s life/lives in the following |
| | | | |
| | | | |
| 14. | That I/we are no | ot currently having visitation w | ith the minor child(ren) because: |
| 15. | That the reason | I/we are seeking Grandparent V | Visitation with the minor child(ren) is: |
| | | | |
| 16. | That I/we believe because: | ve having visitation with the mi | nor child(ren) is in the best interest of the minor child(ren) |

| 17. That I/we wish to have the foll | owing type of visitation with the minor child(ren): (Include frequency, face-to | n with the minor child(ren): (Include frequency, face-to- | |
|---|---|---|--|
| face, virtual, overnight, etc.) | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| WHEREFORE, | request(s) that this Co | urt | |
| set this matter for hearing, and upon he | aring enter an order establishing Grandparent Visitation with | | |
| | | : | |
| and for all other further relief that is ju | at and proper in the premises. | | |
| | | | |
| | | | |
| I affirm under the | enalties for perjury that the foregoing representations are true. | | |
| | | | |
| | | | |
| /s/Signature | /s/ Signature | | |
| Signature | Signature | | |
| | | | |
| Printed Name | Printed Name | | |
| | | | |
| | | | |
| Date | Date | | |
| | | | |
| | | | |
| Email Address | Email Address | | |
| | | | |
| | CERTIFICATE OF SERVICE | | |
| I hereby certify that I sent a copy of t | is Petition to the other person's attorney, or to the other person if they | | |
| are not represented by an attorney, vi | : | | |
| ☐ Registered mail at this address: | | | |
| ☐ Sheriff | | | |
| | | | |
| | | | |
| /s/ | | | |
| Signature | Date | | |