STATE OF INDIANA	)	IN THE ELKHART SUPERIOR COURT 6
COUNTY OF ELKHART	)	CASE NO:
IN RE THE GRANDPARENT V	VISITATION O	OF:
Name of Person Filing Choose One: □ Grandmother □ Grandmother	andfather	
Name of Person Filing Choose One: □ Grandmother □ Grandmother	andfather	
And		
Name of Person Responding Choose One:   Mother  Father	 Other:	
SU	MMONS GRAI	NDPARENT VISITATION
То:		
To:  Name of Person Being Serve	d	Address
Email Address		
This is a case to determine Gravisitation schedule will be determined	•	tion. If found to be in the best interest of the child(ren), then a
If you do not respond to this answer or other responsive pleading,		if you do not file a written appearance with the Court, an be determined without your input.
All Parties are required to fol	low the Family Co	ourt Local Rules 400 Series. You should read the entire set of

The Elkhart County Family Court expects cooperation and communication, especially when children are involved. It is best if you and the other parties can work out as many agreements as possible prior to your first

to this Summons, but a full reading of those Rules is highly recommended.

Rules found at Elkhart County's Website under Local Rules. A five-page Highlight Summary is required to be attached

appearance in court. If you and the other parties 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.

You are highly encouraged to attain an attorney. If you cannot afford an attorney, there is a list of free or low cost attorney programs in the Family Law Highlight Summary attached to this Summons. Hearing has been set for \_\_\_\_\_\_. This Summons Issued by the Clerk Clerk of the Court, Elkhart County, Indiana Date Contact information for Attorney for Filer: The following manner of service is requested: 
Registered Mail Certified Mail Sheriff 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:  $\square$  Father  $\square$  Mother  $\square$  Guardian)

Return of Service Information: