

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 Alleged Father
 Husband Wife Other: _____

And

Name of Person Responding
 Mother Father Alleged Father
 Husband Wife Other: _____

MOTION FOR ADR-FUNDED SERVICES

Comes now _____, self-represented, and Moves the Court for services. The specific request(s) is/are as follows:

- | | | |
|--|--|---|
| <input type="checkbox"/> Mediation | <input type="checkbox"/> Co-Parenting Counseling | <input type="checkbox"/> Guardian ad Litem (GAL) |
| <input type="checkbox"/> Other Alternative Dispute Resolution method:
_____ | <input type="checkbox"/> High Conflict Resolution Counseling | <input type="checkbox"/> TransParenting Class |
| | | <input type="checkbox"/> Seasons Class |
| | | <input type="checkbox"/> Peaceful Parenting Class |

I have completed a Verified Financial Disclosure Form, which is included in this filing.

/s/ _____
Signature

Date

Printed Name

Email Address

CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of this motion to the other person's attorney, or to the other person if they are not represented by an attorney, via:

- Registered mail at this address: _____
 Certified mail at this address: _____
 Sheriff
 E-Service in accordance with Trial Rule 86 at this email address: _____
 Other: _____

/s/ _____
Signature

Date