

STATE OF INDIANA)
)
COUNTY OF ELKHART)

IN THE ELKHART SUPERIOR COURT 6

CASE NO: _____

IN RE THE _____ OF: _____
(Child's Name if Paternity)

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 SERVICES

Comes now, _____, self-represented, and Moves the Court for Financial Assistance for supervised visitation at CAPS.

1. Employment

Occupation: _____

Employer: _____

Employer's Address: _____

2. Income

_____ Pay after taxes each pay period (weekly bi-weekly monthly other)

(Attach last 4 pay stubs or the most recent pay stubs showing year to date total)

_____ Unemployment

_____ AFDC/TANF Benefits

_____ Support (child support, spousal support, etc.)

_____ Social Security (SSI/SSD)

_____ Death Benefits

+ _____ Other: _____

_____ = Total

3. Assets

_____ Cash on hand or in bank(s)
_____ Stocks, Bonds, Notes
_____ Real Estate
_____ Home Assets
_____ Other: _____
_____ Vehicle Assets
+ _____ Other Property: _____
_____ = Total

4. Expenses and Debts

_____ Child Support
_____ Rent/Mortgage
_____ Utilities
_____ Vehicle Loans
_____ Credit Cards
_____ Food
_____ Child Care
+ _____ Other loans/notes/payments: _____
_____ = Total

I affirm under the penalties for perjury that the foregoing representations are true.

/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