

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 Other: _____

And

Name of Person Responding
 Mother Father Other: _____

**VERIFIED PETITION TO TERMINATE CHILD SUPPORT DUE TO EMANCIPATION OF
MINOR CHILD(REN)**

Comes now _____, self-represented, and hereby files a Verified Petition to
Terminate Child Support Due to Emancipation of Minor Child(ren), and states as follows:

1. That the parties have _____ minor child(ren), namely:

Child's Name	Date of Birth	<i>(Additional Names and DOB if needed:)</i>
_____	_____	
_____	_____	
_____	_____	
_____	_____	

2. On _____, this Court ordered that _____ pay child support
to _____ in the amount of \$ _____ per week for the above
named child(ren), effective on _____.

3. The following child(ren) is/are emancipated:

4. The reason my child(ren) is/are emancipated is:

- _____ has turned nineteen (19) years of age.
- _____ is at least eighteen (18) years of age; has not attended secondary or post-secondary school for the past four (4) months and is not enrolled in a secondary or post-secondary school;

and/or is capable of supporting himself/herself through employment.

- _____ has joined the United States armed services.
- _____ has married.
- _____ is not under the care or control of either parent not an individual or agency approved by the court.

- 5. The date upon which my child(ren) became emancipated was _____.
- 6. My child support obligation should be terminated because of the emancipation of my child(ren).
- 7. The termination of my support obligation should be retroactive to the date(s) stated in Paragraph 5 above.
- 8. The Income Withholding Order previously issued in this matter should be terminated.

WHEREFORE, _____ requests that this Court set this matter for hearing for the purpose of declaring my child(ren) emancipated, terminating my child support obligation, and order all other further relief that is just and proper in the premises.

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

/s/ _____
Signature

Date

Printed Name

Email Address

CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of this Petition 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

Other: _____

/s/ _____
Signature

Date