

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 _____

MOTION TO DETERMINE USE OF TAX EXEMPTIONS

Comes now, _____, self-represented, and states as follows:

1. That the parents have the following child(ren) together:

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

2. That tax exemptions are currently being utilized as follows:

Father using _____ number of exemptions

Mother using _____ number of exemptions

If another person is using exemption(s), provide the following information for that person:

Name: _____

Email address: _____

Physical address: _____

Using _____ number of exemptions

3. I am requesting the following modification or establishment of an order on the use of the tax exemption(s):

4. I currently pay child support and I have paid at least 95% of my child support for the year(s) in which I am asking to utilize the tax exemption(s).

WHEREFORE, I request that this Court set this matter for hearing and grant the relief requested.

I affirm under the penalties for perjury that the foregoing statements 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 per Trial Rule 86 at this email address: _____
 Other: _____

/s/ _____
Signature

Date