

TO FILE FOR LEGAL SEPERATION

- Bring the **Original PLUS 3 MORE Petitions** to the Clerk's Office
- \$177.00 to file CASH or MONEY ORDER
 - o Personal checks, debit/credit cards will **NOT be accepted**

WITHOUT CHILDREN:

- Please fill out everything **EXCEPT** green pages
- If you and your spouse agree; both parties need to notarize decree and sign waiver of final hearing.

WITH CHILDREN:

- Please fill out entire packing including green pages if child support is wanted.
- If you and your spouse agree; both parties need to notarize decree and sign waiver of final hearing.

STATE OF INDIANA) IN THE MADISON CIRCUIT COURT
)SS:
COUNTY OF MADISON) CASE NO. _____

IN RE THE MARRIAGE OF:

Petitioner,

VS.

Respondent,

VERIFIED PETITION FOR LEGAL SEPARATION

The Petitioner, _____, now states:

1. Petitioner and Respondent were married on _____, and separated on _____.
2. _____ has been a continuance resident of _____ county for the last 3 months.
3. _____ has been a continuance resident of the State of Indiana for the last 6 months.
4. There are _____ children of the marriage, namely:

NAME

DATE OF BIRTH

5. That _____ is the fit and proper person to have custody of the minor child(ren).

6. Debts and property:

___ There are no debts/ personal property to divide.

___ Petitioner wishes the Court to divide the following debts / personal property:

a. _____

b. _____

c. _____

d. _____

7. _____ is not pregnant.

8. Neither party is a member of the military.

9. The marriage has suffered and a legal separation should be granted.

10. Change of name:

___ Wife would like her former name of _____ restored to her.

___ Wife does not want to change her name.

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

Signature

Street address _____

City, State, Zip _____

STATE OF INDIANA) IN THE MADISON ~~SUPERIOR~~/CIRCUIT COURT
) SS:
COUNTY OF MADISON) CASE NO. _____

IN RE THE MARRIAGE OF:

Petitioner,

V.

Respondent.

APPEARANCE BY SELF-REPRESENTED PERSON IN CIVIL CASE

This Appearance Form must be filed on behalf of every party in a civil case.

1. My Name is: _____ and I am

Initiating (filing) X ;
Responding (answering or defending) _____; or
Intervening _____;

in this case and am representing myself.

2. Contact information for receiving legal service of documents and case information is required by Court Rules: *(NOTE: If you are the Initiating party and this case, or a related case, involves a protection from abuse order, a workplace violence restraining order, or a no-contact order, you must provide an address for the purpose of legal service of documents but that address should not be one that exposes the whereabouts of a petitioner)*

Address: _____

Email Address: _____

Phone: _____

FAX: _____

OR, if in the related case, you have used the Attorney General Confidential address, you may check the box below:

____ Attorney General confidential address (contact the Attorney General at 1-800-321-1907 or e-mail address is **confidential@atg.state.in.us**).

3. This is a _____ case type as defined in administrative Rule 8(B)(3).
(Clerk will supply this information.)

4. I will accept service by FAX at the following number _____

5. This case is a domestic relations matter, involves reciprocal enforcement of support, paternity, delinquency, Child in Need of Services (CHINS), guardianship, or any other proceedings in which support may be an issue, and social security numbers of all family members are supplied on a separately attached document (Form TCM-TR3.1-4) filed as confidential information on light green paper.

Yes No

6. There are related cases: Yes No (If yes, please indicate below.)

Caption and case number of related cases:

Caption: _____ Case Number: _____

7. Additional information required by local rule:

Self-Represented Party

1 **CONFIDENTIAL FORM NOT FOR PUBLIC ACCESS**

2 **PRINT THIS FORM ON GREEN PAPER**

3 **ATTENTION CLERK: TREAT THIS FORM AS IF IT IS PRINTED ON GREEN PAPER, EVEN IF IT IS NOT.**

4 STATE OF INDIANA) IN THE MADISON SUPERIOR / CIRCUIT COURT

5) SS: CIVIL DIVISION, ROOM _____

6 COUNTY OF MADISON) CASE NO. _____

7 IN RE THE MARRIAGE OF:

8 _____
9 Petitioner,

10 and

11 _____
12 Respondent.

13 **APPEARANCE BY UNREPRESENTED PERSON IN CIVIL CASE**

14 **Item 5 (Social Security numbers of all family members in cases involving support):**

15 Name: _____ SS #: _____

16 Name: _____ SS #: _____

17 Name: _____ SS #: _____

18 Name: _____ SS #: _____

19 Name: _____ SS #: _____

20 Name: _____ SS #: _____

21 Name: _____ SS #: _____

22 Name: _____ SS #: _____

23 **NOT FOR PUBLIC ACCESS**

IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED by this Court that:

1. Marriage Maintained. The marriage of the parties is maintained and the parties are legally separated for up to one (1) year from the date of this Decree.
2. Custody. Custody of the parties' minor child(ren) is awarded to the Petitioner / Respondent.
3. Child Support. The Petitioner / Respondent shall pay child support in the sum of \$_____ per _____, through the Clerk of Madison County, commencing the ____ day of _____, 2018. Petitioner / Respondent shall also be liable for payment of the annual Support Clerk's docket fee, per statute.
4. Parenting Time. The Petitioner / Respondent shall have parenting time with the child(ren) pursuant to the Indiana State Parenting Time Guidelines.
5. Insurance. The (Petitioner) (Respondent) shall provide health and hospitalization insurance coverage for the minor child(ren) if available through his or her employer, at reasonable cost.
6. Uncovered Medical. The 6% Rule shall apply, with the (Petitioner) (Respondent) paying the first \$_____ of the total medical, dental, optical, and orthodontic expenses not covered by insurance. Thereafter, the Petitioner shall pay ____% of such uncovered expenses and the Respondent shall pay ____% thereof.

7. Real Estate. The parties real estate is awarded to Petitioner / Respondent

8. Debts.

A. Petitioner shall assume and pay the following debts and hold the Respondent harmless therefrom: _____

B. Respondent shall assume and pay the following debts and hold the Petitioner harmless therefrom: _____

9. Petitioner's / Respondent's former name of _____ is restored to her this date.

11/14/2019 10:00:00 AM

- 10. Court Costs – The costs of this action are assessed against both parties, equally in the sum or \$88.50 each and are payable by _____.

- 11. Court Costs - Petitioner. The costs of this action are assessed against the Petitioner in the sum of \$177.00 payable by _____, or are shown paid.

- 12. Court Costs - Respondent. The costs of this action are assessed against the Respondent in the sum of \$177.00 and are payable by _____.

RECOMMENDED FOR APPROVAL this _____ day of _____, 2018.

Stephen D. Clase, Magistrate

**COMES NOW THE COURT AND ENTERS JUDGMENT ON THE MAGISTRATE'S
FINDINGS AND RECOMMENDATIONS** this _____ day of _____, 2018.

, Judge

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

Your Signature

STATE OF INDIANA)
)
COUNTY OF MADISON)

SS:

Before me, _____, a notary public in and for _____
County, State of Indiana, personally appeared _____, and he/she being
first duly sworn upon his/her oath, says that the facts alleged in the foregoing instrument are true.
Date _____

Notary Public

MY COMMISSION EXPIRES:

Your Spouse's Signature

STATE OF INDIANA)
)
COUNTY OF MADISON)

SS:

Before me, _____, a notary public in and for _____ county,
State of Indiana, personally appeared _____, and he/she being first duly
sworn upon his/her oath, says that the facts alleged in the foregoing instrument are true.
Date _____

Notary Public

MY COMMISSION EXPIRES:

IT IS THEREFORE ORDERED by the Court that the parties' marriage is hereby dissolved, and the terms of their agreement as set out above shall be incorporated into this Order.

Date

Judge

Distribution:

STATE OF INDIANA) IN THE MADISON ~~SUPERIOR~~/CIRCUIT COURT
) SS:
COUNTY OF MADISON) CASE NO.

IN RE THE MARRIAGE OF:

Petitioner,

V.

Respondent.

SUMMONS

[For Dissolution of Marriage Cases Only]

The State of Indiana to Respondent: _____

You have been sued by your spouse for dissolution of your marriage. The case is pending in the Court named above.

In order to participate in the proceedings, you must enter a written appearance in person or by your attorney. In the event you do not enter a written appearance within sixty (60) days of the date hereof, your marriage can be dissolved by Decree of the Court by default. In the event a Decree is entered by default, it may contain a judgment against you and provisions regarding the custody of your child/children, support for your child/children, parenting time (visitation) with your child/children, distribution of assets, and payment of debts. The Decree may also require you to take actions or refrain from actions in order to carry out the terms of the Court's Decree. If you do not enter a written appearance, you will receive no further notice of these proceedings.

If you wish to countersue, you must do so by written petition filed herein not more than sixty (60) days from the date hereof.

Dated: _____
Clerk, _____ County

The following manner of Service of Summons is hereby designated:

- Registered / Certified Mail to be sent by the Clerk
- Service by Sheriff on Individual at address shown above
- Service by Sheriff at place of employment, (name and address of spouse's employer):

CERTIFICATE OF CLERK OF SUMMONS NOT ACCEPTED BY MAIL

I hereby certify that on the ____ day of _____, 20____, I mailed a copy of this summons and a copy of the complaint to the Defendant(s) _____ by (registered or certified) mail, and the same was returned without acceptance this ____ day of _____, 20____ and I did deliver said summons and a copy of complaint to the Sheriff of Madison County, Indiana.

Date _____

Clerk, Madison Circuit Court (Seal)

RETURN ON SERVICE OF SUMMONS

I hereby certify that I have served the within summons:

1. By Delivering on the ____ day of _____, 20____, a copy of this summons and a copy of the complaint to each of the within named Defendant(s) _____.

2. By leaving on the ____ day of _____, 20____, for each of the within named Defendant(s) _____, a copy of the summons and a copy of the complaint at the respective dwelling house or usual place of abode with _____, a person of suitable age and discretion residing therein whose usual duties or activities include prompt communication of such information to the person served.

3. _____

_____ and by mailing a copy of the summons (without the complaint) to _____ at _____ at the last know address of Defendant(s).

All done in Madison County, Indiana.

Fee: \$ _____

Sheriff of Madison County, Indiana

Mileage _____

Total \$ _____

By _____, Deputy

SERVICE ACKNOWLEDGED

A copy of the within summons and a copy of the complaint attached thereto were received by me at _____, this ____ day of _____, 20____.

Signature of Defendant

NOT FOR PUBLIC ACCESS

CLERK OF THE CIRCUIT AND SUPERIOR COURTS

ISETS INFORMATION SHEET

Instructions: Provide complete name, addresses, dates of birth, and Social Security Numbers for the Payor, Payee, and all Children covered by the Child Support Order.

NOTE: Child support payments cannot be forwarded by ISETS without an address for the Parent receiving support.

Case #: _____ ISETS Account #: _____
(if known)

CUSTODIAL PARTY / PAYING SUPPORT OR RECEIVING SUPPORT

Name: 1st _____ Middle: _____ Last: _____ Male Female
S.S.N.: _____ - _____ - _____ DOB: _____ - _____ - _____ Ethnic Group: _____
Address: _____ City: _____
State: _____ ZIP: _____ Phone: (_____) _____ - _____ Home Mobile
Attorney: _____ Phone: (_____) _____ - _____

NON-CUSTODIAL PARTY / PAYING SUPPORT OR RECEIVING SUPPORT

Name: 1st _____ Middle: _____ Last: _____ Male Female
S.S.N.: _____ - _____ - _____ DOB: _____ - _____ - _____ Ethnic Group: _____
Address: _____ City: _____
State: _____ ZIP: _____ Phone: (_____) _____ - _____ Home Mobile
Attorney: _____ Phone: (_____) _____ - _____

CHILDREN

Child's Name:	DOB:	SSN:	Sex:
_____	____/____/____	____-____-____	____
_____	____/____/____	____-____-____	____
_____	____/____/____	____-____-____	____
_____	____/____/____	____-____-____	____
_____	____/____/____	____-____-____	____

* = Relationship of Children to Payor (if other than son or daughter):