

**Vermillion Circuit Court Clerk
Post Office Box 10, Newport, Indiana 47966
765-492-5350**

**FILING DIVORCE WITHOUT ASSISTANCE
FROM AN ATTORNEY/LAWYER**

WITH CHILDREN

PLEASE READ THIS FIRST: It is very important for you to know that, when you sign a Court document (form), you may be helping or hurting your case. Before you sign any Court document or get involved with a Court case, it is important that you see a lawyer to make sure you are doing the right thing. There are risks in self-representation (proceeding without a lawyer). If one of the following is present, you should use a lawyer: physical abuse or violence; child(ren); mortgage; pension; considerable property or debts. However, if you choose to represent yourself, you MUST be prepared and proceed correctly.

The forms enclosed are SAMPLE forms only. They do not cover every situation.

**THE JUDGE, COURT STAFF, CLERK OR CLERK STAFF MAY NOT
GIVE YOU LEGAL ADVICE OR ANSWER QUESTIONS REGARDING
THE FORMS.**

****Websites which may provide additional assistance****

Self-Represented Litigant
Child Support Calculation

<http://www.in.gov/judiciary/selfservice/>
<http://www.in.gov/judiciary/childsupport/>

INSTRUCTIONS (WITH CHILDREN)

The forms enclosed are SAMPLE forms only. Please follow instructions.

1. Read through the forms and type, print, or write legibly in black ink in the appropriate blank. Each applicable form must be completed in full.
2. Make two (2) copies of all forms. You will have an original and two (2) copies. If you want the Clerk to make the copies for you, it will cost you \$1.00 per page.
3. Bring all forms to the Vermillion County Clerk's Office, plus the filing fee (cash, money order or certified check). You must bring with you, at least, the Verified Petition For Dissolution of Marriage, Summons, Appearance, and filing fee. If you wish to have a Preliminary Hearing, you must also have your Motion For Temporary Order. Most people do not request a Preliminary Hearing.
4. The responding party MUST be served with the papers and Summons, showing that the case is filed (Notice). If the Petitioner (person who filed the divorce) decides to send Notice by Sheriff, then there is an additional \$13.00 service fee, which is due upon filing. Additionally, the Petitioner may choose to send Notice by certified mail at no additional cost.
5. Indiana Law requires a minimum sixty (60) day waiting period after the Petition is filed before the divorce may be granted. At the end of the sixty (60) days, either party may file (1) Request for Final Hearing (form); or (2) Waiver of Final Hearing, Child Support Obligation Worksheet, and Decree of Dissolution of Marriage and Settlement Agreement (forms).
6. If the forms dealing with the Verified Waiver of Final Hearing, Decree of Dissolution of Marriage and Settlement Agreement, and Child Support Obligation Worksheet are filed and properly completed, the Court may grant the divorce without a hearing.
7. **The Court, Court Staff, Clerk, and Clerk Staff may not give legal advice. The Judge may not talk to one side (party) without the other side being present.**

STATE OF INDIANA
VERMILLION CIRCUIT COURT

IN RE THE MARRIAGE OF

Petitioner

and

CAUSE NO. 83C01-_____-DR-_____

Respondent

APPEARANCE

1. Party Name _____

2. Attorney Information: Self-Represented

3. Case Type: DR

4. Will **NOT** accept FAX service.

5. Names of all family members: ✓

_____ child(ren) are involved in this matter.

6. Are there related cases? Yes No

Case Number(s): _____

Date

Signature
Phone # _____

**STATE OF INDIANA
VERMILLION CIRCUIT COURT**

IN RE THE MARRIAGE OF

Petitioner

and

CAUSE NO. 83C01-_____ -DR-_____

Respondent

VERIFIED PETITION FOR DISSOLUTION OF MARRIAGE

The Petitioner, _____, now states :

1. The Petitioner resides at _____, City of _____, State of _____, Zip Code _____, and the Respondent resides at _____, City of _____, State of _____, Zip Code _____.
2. The Petitioner and Respondent were married on _____, and separated on _____.
3. The Petitioner or Respondent, _____, has been a continuous resident of Vermillion County for the last three (3) months and the State of Indiana for the last six (6) months.
4. There is/are _____ child(ren) of the marriage, namely:

Name

Date of Birth

_____	_____
_____	_____
_____	_____
_____	_____

and the Wife is not pregnant.

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

6. Military:

Neither party is a member of the military.

One or both parties are members of the military.

7. The marriage has suffered an irretrievable breakdown and should be dissolved.

8. Change of name:

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

Wife does not want to change her name.

I request that this Court issue its Order dissolving the marriage of the parties, and for all other just and proper relief.

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

Dated: _____

Signature

**STATE OF INDIANA
VERMILLION CIRCUIT COURT**

IN RE THE MARRIAGE OF

Petitioner

and

CAUSE NO. 83C01-_____ -DR-_____

Respondent

SUMMONS

[For Dissolution of Marriage Cases Only]

TO RESPONDENT: _____

1. You are hereby notified that you have been sued by the Petitioner for Dissolution of Marriage in the Court indicated above.
2. If this summons is accompanied by an Notice to Appear, you should appear in Court on the date and time stated in the Order to Appear. If you do not appear, evidence may be heard in your absence and a determination made by the Court. If a Temporary Restraining Order is attached, it is effective immediately upon your receipt or knowledge of the Order.
3. If you wish to retain an attorney to represent you in this matter, it is advisable to do so before the date stated in the Notice to Appear.
4. If you take no action in this case after the receipt of this summons, the Court can grant a Dissolution of Marriage or make a determination regarding any of the following: paternity, child custody, child support, maintenance, parenting time, property division (real or personal) and any other distribution of assets and debts.

Dated: _____

Clerk, Vermillion County

Court name: Vermillion Circuit Court Clerk

Court address: P.O. Box 10, Newport, IN 47966

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):

SHERIFF'S RETURN OF SERVICE OF SUMMONS

I hereby certify that I have served this summons on the _____ day of _____, 20____:

1. By delivering a copy of the Summons and a copy of the complaint to the Respondent identified on the first page of Summons.
2. By leaving a copy of the Summons and a copy of the complaint at _____, which is the dwelling place or usual place of abode of and by mailing a copy of the Summons to the Respondent at the above address.
3. Other Service or Remarks: _____

Sheriff's Costs

Sheriff

By: _____

Deputy

CLERK'S CERTIFICATE OF MAILING

I hereby certify that on the _____ day of _____, 20____, I mailed a copy of this Summons and a copy of the Complaint to the Respondent identified on the first page of the Summons by _____ mail, requesting a return receipt, at the address provided by the Petitioner.

Dated: _____, 20____

Clerk, Vermillion County

By: _____

Deputy

RETURN ON SERVICE OF SUMMONS BY MAIL

I hereby certify that the attached receipt was received by me showing that the Summons and a copy of the Complaint mailed to the Respondent identified on the 1st page of this Summons was accepted by the Respondent on the _____ day of _____, 20____.

I hereby certify that the attached return receipt was received by me showing that the Summons and a copy of the Complaint was returned not accepted on the _____ day of _____, 20____.

I hereby certify that the attached return receipt was received by me showing that the Summons and a copy of the Complaint mailed to the Respondent identified on the 1st page of this Summons was accepted by _____ on behalf of the Respondent on the _____ day of _____, 20____.

Clerk, Vermillion County

By: _____

Deputy

STATE OF INDIANA
VERMILLION CIRCUIT COURT

IN RE THE MARRIAGE OF

Petitioner

and

CAUSE NO. 83C01-_____-DR-_____

Respondent

MOTION FOR TEMPORARY ORDER

I request the Court hold a Preliminary Hearing to issue a Provisional (temporary) Order for the following: **(check the box(es) for each issue you would like for the Judge to hear)**

- Temporary Custody of the minor child(ren);
- Temporary child support for the minor child(ren);
- Temporary parenting time (visitation) for the non-custodial parent;
- Temporary possession of marital residence;
- Temporary division of debts;
- Temporary division of property;
- Restraining the parties from removing the child(ren) from the state without permission of the Court or all parties;
- Restraining the parties from transferring, encumbering, concealing, or in any way disposing of any property of the parties;
- Other: _____

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

Date

Signature

CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of this Motion by first class mail to the opposing attorney, or opposing party if not represented on _____, 20 _____

Signature

STATE OF INDIANA
VERMILLION CIRCUIT COURT

IN RE THE MARRIAGE OF

_____ **Petitioner**

and _____ CAUSE NO. 83C01- _____ -DR- _____

_____ **Respondent**

NOTICE OF PROVISIONAL HEARING

A Verified Petition for Dissolution of Marriage and request for Temporary (Provisional) Order has been filed in this Court. The Court now sets this matter for a Provisional Hearing on _____, 20 _____, at _____ A.M./P.M. The parties may present evidence on their behalf. Failure to appear may result in matters being decided in your absence.

SO ORDERED this _____ day of _____, 20 _____.

Date

Judge

**STATE OF INDIANA
VERMILLION CIRCUIT COURT**

IN RE THE MARRIAGE OF

Petitioner

and

CAUSE NO. 83C01-_____ -DR-_____

Respondent

VERIFIED WAIVER OF FINAL HEARING

Come now the Petitioner and Respondent, pursuant to Ind. Code 31-1-11.5-8, and submit their Verified Waiver of Final Hearing. In support of this Waiver, the parties state that:

1. More than sixty (60) days have elapsed since the filing of the Petitioner's Verified Petition for Dissolution of Marriage;
2. Both parties request the Court to approve their Settlement Agreement and Decree of Dissolution of Marriage;
3. Both parties voluntarily waive the opportunity to hold a Final Hearing on contested issues.

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

Date: _____

Your Signature

Spouse's Signature

STATE OF INDIANA
VERMILLION CIRCUIT COURT

IN RE THE MARRIAGE OF

Petitioner

and

CAUSE NO. 83C01-_____-DR-_____

Respondent

MOTION FOR FINAL HEARING

I request this matter be set for Final Hearing. It has been sixty (60) days or more since the Petition for Dissolution was filed. The hearing will take

- 15 minutes or less
- 60 minutes or less
- more than 60 minutes

Therefore, I request the Court to set this for Final Hearing.

Date

Signature

CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of this Motion by first class mail to the opposing attorney, or opposing party if not represented on _____, 20 _____

Signature

STATE OF INDIANA
VERMILLION CIRCUIT COURT

IN RE THE MARRIAGE OF

Petitioner

and

CAUSE NO. 83C01-_____-DR-_____

Respondent

NOTICE OF FINAL HEARING

A Motion For Final Hearing has been filed in this Court. The Court now sets this matter for a Final Hearing on _____, 20 ____, at _____ A.M./P.M. The parties may present evidence on their behalf. Failure to appear may result in matters being decided in your absence.

SO ORDERED this _____ day of _____, 20 ____.

BRUCE V. STENGEL, JUDGE
VERMILLION CIRCUIT COURT

**STATE OF INDIANA
VERMILLION CIRCUIT COURT**

IN RE THE MARRIAGE OF

Petitioner

and

CAUSE NO. 83C01-_____ -DR-_____

Respondent

DECREE OF DISSOLUTION OF MARRIAGE

The Court, having reviewed the Verified Petition for Dissolution of Marriage and having held a Final Hearing in this matter, now finds as follows:

1. The parties were married on _____, and separated on _____.
2. _____ has been a continuous resident of Vermillion County for the last three months, and the State of Indiana for the last six months prior to the filing of the Verified Petition for Dissolution of Marriage.
3. _____ is not pregnant.
4. Military:
 - Neither party is a member of the military.
 - One or both parties are members of the military.
5. There were children of this marriage; namely;

Name

Date of birth

6. The parties agree and state that it is in the best interest of the child(ren) that:
 - Petitioner shall have sole physical and legal custody of the child(ren).
 - Respondent shall have sole physical and legal custody of the child(ren).
 - Petitioner shall have sole physical custody and the parties shall have joint legal custody of the child(ren).

- Respondent shall have sole physical custody and the parties shall have joint legal custody of the child(ren).
- Other: **(please describe in detail)**

7. Parenting Time (Visitation) with the minor child(ren) shall be as follows::

- Petitioner shall have reasonable parenting time (visitation) with the minor child(ren) as the parties agree or according to the Indiana Parenting Time (visitation) guidelines.
- Respondent shall have reasonable parenting time (visitation) with the minor child(ren) as the parties agree or according to the Indiana Parenting Time (visitation) guidelines.
- Other: We have agreed to a different parenting time (visitation) that does **NOT** follow the Indiana Parenting Time (Visitation) Guidelines. **(please describe in detail).**

8. _____ will pay child support in the amount of _____ per week, as shown by the attached child support worksheet, through the County Clerk's office, or by income withholding order if available from the employer, beginning on the first Friday following the date of the decree. Said date is _____.

_____ will be responsible for the first _____ of uninsured medical expenses for the minor child(ren). Thereafter, Father shall be responsible for _____% of uninsured medical expenses, and Mother shall be responsible for _____% of uninsured medical expenses for the minor child(ren).

9. The parties have agreed on the following provisions for health insurance maintenance: _____ shall maintain medical, dental, and optical insurance as available through employment on the minor child(ren):

10. The parties have agreed on the following arrangement for claiming the tax credits, exemptions, and deductions for the minor child(ren):

- Petitioner shall be entitled to claim the minor child(ren) for federal, state, and local income tax purposes on an annual basis; Respondent shall sign all necessary documents that will entitle Petitioner to do so.
- Respondent shall be entitled to claim the minor child(ren) for federal, state, and local income tax purposes on an annual basis; Petitioner shall sign all necessary documents that will entitle Respondent to do so.

- Petitioner and Respondent shall each be entitled to claim the minor child(ren) for federal, state, and local income tax purposes in alternating years; Petitioner shall be entitled to claim the minor child(ren) in the year _____, and every _____ year thereafter; Respondent shall be entitled to claim the minor child(ren) in the year _____, and every _____ year thereafter.

11. The parties have agreed on the following debt division:

- The parties already have divided their debts.
- Petitioner will be solely responsible for and shall hold Respondent harmless from, the following debts:

<i>Name of Creditor</i>	<i>Amount of Debt</i>
_____	_____
_____	_____
_____	_____

Respondent will be solely responsible for, and shall hold Petitioner harmless from the following debts:

<i>Name of Creditor</i>	<i>Amount of Debt</i>
_____	_____
_____	_____
_____	_____

12. The parties have agreed on the following vehicle division:

- There are no vehicles to divide.
- Petitioner will have sole possession of the following vehicles, and Respondent shall execute all documents necessary to transfer title of said vehicles within thirty (30) days of the date of this Order:

Vehicle #1, Make, Model, and Year

Vehicle #2, Make, Model, and Year

- Respondent will have sole possession of the following vehicles, and Petitioner shall execute all documents necessary to transfer title of said vehicles within thirty (30) days of the date of this Order:

Vehicle #1, Make, Model, and Year

Vehicle #2, Make, Model, and Year

13. The parties have agreed on the following property division:

- The parties already have divided all items of property.
- Petitioner will have sole possession of the following items of property:

- Respondent will have sole possession of the following items of property:

14. The parties have agree on the following real estate division:

- The parties do not own any real estate.
- The Petitioner will have the following real estate, and be responsible for any indebtedness on the property:

- The Respondent will have the following real estate, and be responsible for any indebtedness on the property:

- Other:

15. The marriage has suffered an irretrievable breakdown and should be dissolved.

16. Change of names:

- Wife would like her maiden name or previous married name of _____ restored to her.
- Wife does not want to change her name.

IT IS THEREFORE ORDERED by the Court that the parties' marriage is hereby dissolved.

Date

BRUCE V. STENGEL, JUDGE
VERMILLION CIRCUIT COURT

**STATE OF INDIANA
VERMILLION CIRCUIT COURT**

IN RE THE MARRIAGE OF

Petitioner

and

CAUSE NO. 83C01-_____ -DR-_____

Respondent

DECREE OF DISSOLUTION OF MARRIAGE AND SETTLEMENT AGREEMENT

The parties having submitted their Settlement Agreement and the Court having seen and considered the Verified Petition for Dissolution of Marriage and Verified Waiver of Final Hearing submitted by the parties, now approves the following agreement:

1. The parties were married on _____, and separated on _____.
2. _____ has been a continuous resident of Vermillion County for the last three months, and the State of Indiana for the last six months prior to the filing of the Verified Petition for Dissolution of Marriage.
3. _____ is not pregnant.
4. Military:
 Neither party is a member of the military.
 One or both parties are members of the military.
5. There were children of this marriage; namely;

Name

Date of birth

6. The parties agree and state that it is in the best interest of the child(ren) that:
 Petitioner shall have sole physical and legal custody of the child(ren).
 Respondent shall have sole physical and legal custody of the child(ren).
 Petitioner shall have sole physical custody and the parties shall have joint legal

- custody of the child(ren).
- Respondent shall have sole physical custody and the parties shall have joint legal custody of the child(ren).
- Other: _____

7. The parties have agreed on the following Parenting Time (Visitation) order:

- Petitioner shall have reasonable visitation with the minor child(ren) as the parties agree or according to the Indiana Parenting Time guidelines.
- Respondent shall have reasonable visitation with the minor child(ren) as the parties agree or according to the Indiana Parenting Time guidelines.
- Other: _____

8. _____ will pay child support in the amount of _____ per week, as shown by the attached child support worksheet, through the County Clerk's office, or by income withholding order if available from the employer, beginning on the first Friday following the date of the decree. Said date is _____.

_____ will be responsible for the first _____ of uninsured medical expenses for the minor child(ren). Thereafter, Father shall be responsible for _____% of uninsured medical expenses, and Mother shall be responsible for _____% of uninsured medical expenses for the minor child(ren).

9. The parties have agreed on the following provisions for health insurance maintenance: _____ shall maintain medical, dental, and optical insurance as available through employment on the minor child(ren):

10. The parties have agreed on the following arrangement for claiming the tax credits, exemptions, and deductions for the minor child(ren):

- Petitioner shall be entitled to claim the minor child(ren) for federal, state, and local income tax purposes on an annual basis; Respondent shall sign all necessary documents that will entitle Petitioner to do so.
- Respondent shall be entitled to claim the minor child(ren) for federal, state, and local income tax purposes on an annual basis; Petitioner shall sign all necessary documents that will entitle Respondent to do so.
- Petitioner and Respondent shall each be entitled to claim the minor child(ren) for federal, state, and local income tax purposes in alternating years; Petitioner shall be entitled to claim the minor child(ren) in the year _____, and every _____ year thereafter; Respondent shall be entitled to claim the minor child(ren) in the year _____, and every _____ year thereafter.
- Other: _____

11. The parties have agreed on the following debt division:

- The parties already have divided their debts.
- Petitioner will be solely responsible for and shall hold Respondent harmless from, the following debts:

<i>Name of Creditor</i>	<i>Amount of Debt</i>
-------------------------	-----------------------

_____	_____
_____	_____
_____	_____

Respondent will be solely responsible for, and shall hold Petitioner harmless from the following debts:

<i>Name of Creditor</i>	<i>Amount of Debt</i>
-------------------------	-----------------------

_____	_____
_____	_____
_____	_____

12. The parties have agreed on the following vehicle division:

- There are no vehicles to divide.
- Petitioner will have sole possession of the following vehicles, and Respondent shall execute all documents necessary to transfer title of said vehicles within thirty (30) days of the date of this Order:

Vehicle #1, Make, Model, and Year

Vehicle #2, Make, Model, and Year

Respondent will have sole possession of the following vehicles, and Petitioner shall execute all documents necessary to transfer title of said vehicles within thirty (30) days of the date of this Order:

Vehicle #1, Make, Model, and Year

Vehicle #2, Make, Model, and Year

13. The parties have agreed on the following property division:

The parties already have divided all items of property.

Petitioner will have sole possession of the following items of property:

Respondent will have sole possession of the following items of property:

14. The parties have agree on the following real estate division:

The parties do not own any real estate.

The Petitioner will have the following real estate, and be responsible for any indebtedness on the property:

The Respondent will have the following real estate, and be responsible for any indebtedness on the property:

Other:

15. The marriage has suffered an irretrievable breakdown and should be dissolved.

16. Change of names:

Wife would like her maiden name or previous married name of _____ restored to her.

Wife does not want to change her name.

The parties have disclosed all relevant documents and exchanged all information on value of property, pensions, real estate, and other assets and debts. The parties agree that this division of property is/is not an approximate equal division of the assets and debts. The parties agree that if this division is not a nearly equal division, that the deviation from the presumptive equal division

should be accepted by the Court because it is the parties' agreement and neither party has been forced or threatened to accept this agreement.

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

Your Signature

STATE OF INDIANA)
) SS:
COUNTY OF _____)

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)
) SS:
COUNTY OF _____)

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

Worksheet – Child Support Obligation

Each party shall complete that portion of the worksheet that applies to him or her, sign the form and file it with the court. This worksheet is required in all proceedings establishing or modifying child support.

IN RE:

CASE NO:

FATHER:

MOTHER:

CHILD SUPPORT OBLIGATION WORKSHEET (CSOW)

Children	DOB	Children	DOB

1. WEEKLY GROSS INCOME	FATHER	MOTHER	
A. Subsequent Children Multiplier Credit (.065 .097 .122 .137 .146 .155 .164 .173)			
B. Child Support (Court Order for Prior Born)			
C. Child Support (Legal Duty for Prior Born)			
D. Maintenance Paid			
E. WEEKLY ADJUSTED INCOME (WAI) Line 1 minus 1A, 1B, 1C and 1D			
2. PERCENTAGE SHARE OF TOTAL WAI	%	%	
3. COMBINED WEEKLY ADJUSTED INCOME (Line 1E)			
4. BASIC CHILD SUPPORT OBLIGATION Apply CWAI to Guideline Schedules			
A. Weekly Work-Related Child Care Expense of each parent			
B. Weekly Health Insurance Premium – Total from HIPW, Line I			
5. TOTAL CHILD SUPPORT OBLIGATION (Line 4 plus 4A and 4B)			
6. PARENT'S CHILD SUPPORT OBLIGATION (Line 2 times Line 5)			
7. ADJUSTMENTS			
() Obligation from Post-Secondary Education Worksheet Line J.	+ _____	+ _____	
() Payment of work-related child care by each parent. (Same amount as Line 4A)	- _____	- _____	
() Child(ren)'s Portion of Weekly Health Insurance Premium for parent(s) ordered to provide health insurance.	- _____	- _____	
() Parenting Time Credit	- _____	- _____	
8. RECOMMENDED CHILD SUPPORT OBLIGATION			

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

Father: _____

Dated: _____

Mother: _____

UNINSURED HEALTH CARE EXPENSE CALCULATION

- A. Custodial Parent Annual Obligation: (CSOW Line 4 Total) \$ _____ + (PSEW § Two, Line I) \$ _____ = \$ _____ x 52 weeks x .06 = \$ _____.
- B. Balance of Annual Expenses to be Paid: (Line 2) _____ % by Father; _____ % by Mother.

IN RE:	CASE NO:
	FATHER:
	MOTHER:

HEALTH INSURANCE PREMIUM WORKSHEET (HIPW)

SECTION ONE: CALCULATION OF REASONABLE COST THRESHOLD	FATHER	MOTHER
A. Parent's Weekly Gross Income (from Line 1 of Child Support Worksheet)	\$	\$
B. Weekly Reasonable Cost Threshold (Line A x .05)	\$	\$
SECTION TWO: DETERMINATION OF PRIVATE HEALTH INSURANCE AVAILABLE TO THE PARENTS		
C. Does the parent have private health insurance, for example, employer sponsored, available for the children? If the answer is No for a parent, STOP for that parent.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
SECTION THREE: DETERMINATION OF WHETHER PREMIUM IS REASONABLE IN COST		
D. What is the weekly premium for the children's portion only?	\$	\$
E. TEST ONE: Is Amount on Line D equal to or less than the Amount on Line B? If the answer is No for a parent, STOP for that parent. If the answer is Yes for at least one parent, proceed to Line F for that parent(s).	<input type="checkbox"/> YES ⇒ The premium may be reasonable in cost. <input type="checkbox"/> NO ⇒ The premium on Line D is not reasonable in cost.	<input type="checkbox"/> YES ⇒ The premium may be reasonable in cost. <input type="checkbox"/> NO ⇒ The premium on Line D is not reasonable in cost.
F. TEST TWO: Is the parent's child support obligation from Line 4 of the Basic CSOW plus the weekly premium from Line D of the HIPW equal to or less than 50% of the Parent's Weekly Gross Income on Line A of the HIPW? Formula: Father: Line 4, CSOW (\$ _____) + Line D, HIPW, (\$ _____) = \$ _____ is equal to or less than Line A, HIPW \$ _____ X .5 = \$ _____ Mother: Line 4, CSOW (\$ _____) + Line D, HIPW, (\$ _____) = \$ _____ is equal to or less than Line A, HIPW \$ _____ X .5 = \$ _____	<input type="checkbox"/> YES ⇒ The premium is reasonable in cost. Father may be ordered to provide health insurance. <input type="checkbox"/> NO ⇒ The premium on Line D is not reasonable in cost.	<input type="checkbox"/> YES ⇒ The premium is reasonable in cost. Mother may be ordered to provide health insurance. <input type="checkbox"/> NO ⇒ The premium on Line D is not reasonable in cost.
SECTION FOUR: ACCESSIBILITY OF THE INSURANCE		
G. Is the insurance coverage accessible to the children? (See Guideline 7 for definition of accessible)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
SECTION FIVE: PARENT(S) ORDERED TO PROVIDE HEALTH INSURANCE		
H. Parent(s) for whom health insurance is reasonable and accessible	<input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER	
I. Parent(s) ordered to provide health insurance for children.	<input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER TOTAL ORDERED:	\$ \$ \$

Worksheet – Child Support Obligation

IN RE:		CASE NO:	
		FATHER:	
		MOTHER:	
PARENTING TIME CREDIT WORKSHEET			
Children	DOB	Children	DOB

Line:		
1PT	Enter Annual Number of Overnights	
2PT	Enter Weekly Basic Child Support Obligation – BCSO (Enter Line 4 from Child Support Worksheet)	
3PT	Enter Total Parenting Time Expenses as a Percentage of the BCSO (Enter Appropriate TOTAL Entry from Table PT)	
4PT	Enter Duplicated Expenses as a Percentage of the BCSO (Enter Appropriate DUPLICATED Entry from Table PT)	
5PT	Parent’s Share of Combined Weekly Income (Enter Line 2 from Child Support Worksheet)	
6PT	Average Weekly Total Expenses during Parenting Time (Multiply Line 2PT times Line 3PT)	
7PT	Average Weekly Duplicated Expenses (Multiply Line 2PT times Line 4PT)	
8PT	Parent’s Share of Duplicated Expenses (Multiply Line 5PT times Line 7PT)	
9PT	Allowable Expenses during Parenting Time (Line 6PT – Line 8PT)	
	Enter Line 9PT on Line 7 of the Child Support Worksheet as the Parenting Time Credit	

****CONFIDENTIAL****

VERMILLION COUNTY CHILD SUPPORT INFORMATION SHEET

CUSTODIAL PARENT INFORMATION

CAUSE NO. 83C01-_____-_____-_____- RELATIONSHIP _____
NAME _____ M/F _____ RACE _____
MAIDEN NAME _____ PREVIOUS NAMES _____
MAILING ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
DATE OF BIRTH ____-____-____ SOC. SECURITY NO. ____-____-____
TELEPHONE NO. ____-____-____ OTHER PHONE NO. ____-____-____
EYES _____ HAIR _____ HEIGHT _____ WEIGHT _____ MARKS _____

NON-CUSTODIAL PARENT INFORMATION

PAYOR'S NAME _____ M/F _____ RACE _____
MAIDEN NAME _____ PREVIOUS NAMES _____
MAILING ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
DATE OF BIRTH ____-____-____ SOC. SECURITY NO. ____-____-____
TELEPHONE NO. ____-____-____ OTHER PHONE NO. ____-____-____
EYES _____ HAIR _____ HEIGHT _____ WEIGHT _____ MARKS _____

CHILD(REN) INFORMATION

NAME _____ M/F _____
DATE OF BIRTH ____-____-____ SOC. SECURITY NO. ____-____-____
NAME _____ M/F _____
DATE OF BIRTH ____-____-____ SOC. SECURITY NO. ____-____-____
NAME _____ M/F _____
DATE OF BIRTH ____-____-____ SOC. SECURITY NO. ____-____-____

PLEASE LIST ANY OTHER NAMES AND/OR PERTINENT INFORMATION THAT YOU THINK WILL BE HELPFUL. THANK YOU.

