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Appendix A

CAPTION

CERTIFICATION OF COMPLIANCE
IN DISSOLUTION CASES

The undersigned, as the (select: Mother or Father) in the within cause, does hereby certify that:

1. On (type date) I did complete the mandatory website work as required by FLR 5 and have attached hereto my certificate to confirm the same; and,
2. On (type date) I did complete the mandatory co-parenting class as required by FLR 6 and have attached hereto my certificate to confirm the same.

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

Date: _____

(Type name), (select: Mother or Father)

Appendix B

CAPTION

CERTIFICATION OF COMPLIANCE
IN PATERNITY CASES

The undersigned, as the (select: Mother or Father) in the within cause, does hereby certify that:

On (type date) I did complete the mandatory website work as required by the FLR 5 and have attached hereto my certificate to confirm the same.

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

Date: _____

(Type name), (select: Mother or Father)

Appendix C

In Re The (select: Marriage/Paternity) of: _____

Cause No.: _____

(Select: Mother's/Father's) Parenting Plan Proposal

Parent's Affirmation

I hereby affirm, under the penalties for perjury, that **before** preparing this proposal I have:

1. carefully read the Indiana Parenting Time Guidelines, including the Preamble and General Rules and understand that they reflect the **minimum** parenting time; and,
2. completed all the work assignments for parents at (select: www.UpToParents.org/ www.ProudToParent.org [delete paragraph # 3 in paternity cases]); and,
3. completed the co-parenting class required by the court.

Dated: _____, 20__.

(Select: Mother/Father)

Terms of This Proposal

The following proposal for the parenting plan for our children was prepared and is submitted in compliance with the Lake County Rules of Family Law and is part of the effort of both parents to devise a parenting plan to include the decision making and living arrangements that will serve to nurture and protect our children as the years progress. As stated in the Lake County Rules of Family Law, the following proposal was prepared and is submitted as part of the effort to compromise and settle these and other issues which now exist between the parents and, as a result, unless all of the terms of the following proposal are accepted as shown by the signature of both parents on page four (4) hereof, the following proposal and all of its terms, constitute privileged communications which are inadmissible for any purposes.

1. As the parents, important decisions in our children's lives (such as place of residence, school selection and other educational decisions, healthcare and religious upbringing) will be made as follows:

2. The declared legal residence of our children for school and legal purposes will be:

3. Due to the circumstances of the lives of the members of our family, including work schedules and the like, our parenting time schedule for our children to be with each of us will vary from the **minimum** set forth in the Indiana Parenting Guidelines, as follows:

Weekdays: _____

Weekends: _____

Holidays and Special Days: _____

Extended Parenting Time/Summer Vacation: _____

4. In the event of disagreement, we will speak to one another first to try to resolve any parenting issues. If we are unable to resolve all the issues, then we will utilize the following:

(Circle all that apply and add any additional ones.)

- A. Redoing the (select: www.UpToParents.org/ www.ProudToParent.org) website work.
- B. Additional co-parenting classes, including re-attending the basic class or attending high-conflict classes.
- C. Mediation.
- D. Arbitration.
- E. Individual, joint, family, or child counseling.
- F. Appointment of a parenting time coordinator (PTC) to work with us.
- G. Appointment of a guardian ad litem (GAL) for our children.
- H. Other (specify): _____

5. Other provisions of our parenting plan would be: _____

Dated: _____, 20__.

(Select: Mother/Father)

(attorney's name)

Indiana Attorney No.: _____

(firm name)

Attorney for (select: Mother/Father)

(address)

(phone number)

ACCEPTANCE

By our signatures, we, as the parents, we now agree to all of the terms set forth above as our Parenting Agreement and that this document is now admissible in to evidence in court.

(Select: Mother/Father)

(Select: Mother/Father)

Date: _____, 20__.

Date: _____, 20__.

(attorney's name)

(attorney's name)

Indiana Attorney No.: _____

Indiana Attorney No.: _____

(firm name)

(firm name)

Attorney for (select: Mother/Father)

Attorney for (select: Mother/Father)

(address)

(address)

(phone number)

(phone number)

As dedicated parents, we will do our best to:

Remember that our children's only job is to be children, not our messengers, spies, counselors, confidants, or carriers of our hurt.

Be sure to remember that our love for our children is greater than any issue we could have with each other.

Respect each other's parenting time while also being flexible, so the children's lives can be as normal as possible.

Educate our extended families and close friends that they need to make peace as well.

Pay special attention to keep our appointments and schedules with each other and calling promptly if any problems come up.

Appendix D

STATE OF INDIANA

IN THE (Title, Address and Phone
Number of Court)

SS:

COUNTY OF LAKE

IN RE: THE MARRIAGE OF

Cause No.

(Name of Filing Party),

(select: Mother, Wife, Father, Husband)

and

(Name of Spouse),

(select: Mother, Wife, Father, Husband)

S U M M O N S
A N D N O T I C E O F H E A R I N G
I N P R O C E E D I N G S F O R D I S S O L U T I O N O F M A R R I A G E

THE STATE OF INDIANA TO : (name of spouse being served)

(address)

Your spouse has filed an action for dissolution of marriage in the Court stated above. A copy of the Petition (and, in some cases, other documents) together with a separate Notice from the Court which is printed on yellow paper are attached to or otherwise served with this Summons and contain important details regarding the nature of these proceedings. Local Rules in Lake County require that both you and your spouse complete certain, specific tasks and you should immediately and carefully review those requirements at the website established by the Court at: www.LakeCountyKids.org.

THIS IS YOUR OFFICIAL NOTICE that a hearing on Provisional Orders has been scheduled for _____, 20_____, at _____M. before this Court, in (room number) which is located on the (_____ floor), at the address listed in the upper right hand corner of this Summons. If you wish to hire an attorney to represent you in this matter, it is advisable to do so before that date. If you do not appear for that hearing, a provisional order could be entered by default which could remain in effect until this action is concluded.

THIS IS YOUR OFFICIAL NOTICE that a final hearing has been scheduled for _____, 20_____, at _____M. before this Court, in (room number) which is located on the (_____ floor), at the address listed in the upper right hand corner of this Summons.

If you do not file a written appearance with the Clerk and serve a copy on your spouse's attorney, you may not receive notice of any further proceedings in this action. If you do not make such an appearance, a final decree could be entered by default which grants the relief sought in your spouse's Petition after the expiration of sixty (60) days from the date of the filing of the Petition. You are not required to file any written Answer to respond to the Petition; however, certain grounds for dismissal must be asserted in a timely fashion or are waived; and, if you have a claim for relief against your spouse you may be required to assert such a claim in a written pleading which must be filed with the Clerk and served on your spouse's attorney.

The following manner of service of this SUMMONS is hereby designated:

Date:

(Name of attorney for Filing Party)

LORENZO ARREDONDO

Indiana Attorney No: (insert)

CLERK, LAKE CIRCUIT/SUPERIOR COURTS

(firm name)

Attorney for (select: Mother, Wife, Father, Husband)

(address)

By: _____

Deputy Clerk

(phone number)

PREPARATION DATA:

All summons are to be prepared in triplicate with the original of each to be placed in the Court file with two copies available for service.

If service is by certified mail a properly addressed envelope shall be provided for the party being served. Certified mail labels and return receipts must also be furnished for each mailing and the cause number must appear on each return receipt, which shall be returnable to the Clerk at the address of the Court.

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 Petition to the party being served, _____, by _____ mail, requesting a return receipt, at the address furnished by the filing party.

LORENZO ARREDONDO

CLERK, LAKE CIRCUIT/SUPERIOR COURTS

Dated: _____, 20__.

BY:

Deputy Clerk

RETURN ON SERVICE OF SUMMONS BY MAIL

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

LORENZO ARREDONDO

CLERK, LAKE CIRCUIT/SUPERIOR COURTS

Dated: _____, 20__.

BY:

Clerk

Deputy

RETURN OF SERVICE OF SUMMONS BY SHERIFF

I hereby certify that I have served the within Summons:

1) By delivering on _____, 20__, a copy of this Summons and a copy of the Petition to each of the within named person(s).

2) By leaving on _____, 20__, for each of the within named person(s) a copy of the Summons and a copy of the Petition at the respective dwelling house or usual place of abode, in _____, Indiana, with a person of suitable age and discretion residing within, whose usual duties or activities include prompt communication of such information to the person served, or by otherwise leaving such process thereat, and by mailing a copy of the Summons without the Petition to the said named person(s) at the address listed herein.

3) This Summons came to hand this date, _____, 20__. The within named _____ was not found in my bailiwick this date, _____, 20__.

ALL DONE IN LAKE COUNTY, INDIANA.

OSCAR MARTINEZ

SHERIFF OF LAKE COUNTY, INDIANA

By: _____

SERVICE ACKNOWLEDGED

I hereby acknowledge that I received a copy of the within Summons and a copy of the Petition at _____ in _____, Indiana, on this date, _____, 20__.

Signature of Party Served

Appendix D-1

STATE OF INDIANA

IN THE (Title, Address and Phone
Number of Court)

SS:

COUNTY OF LAKE

IN RE: THE MARRIAGE OF

Cause No.

(Name of Filing Party),

(select: Mother, Wife, Father, Husband)

and

(Name of Spouse),

(select: Mother, Wife, Father, Husband)

SUMMONS

IN PROCEEDINGS FOR DISSOLUTION OF MARRIAGE

THE STATE OF INDIANA TO : (name of spouse being served)

(address)

Your spouse has filed an action for dissolution of marriage in the Court stated above. A copy of the Petition (and, in some cases, other documents) together with a separate Notice from the Court which is printed on yellow paper are attached to or otherwise served with this Summons and contain important details regarding the nature of these proceedings. Local Rules in Lake County require that both you and your spouse complete certain, specific tasks and you should immediately and carefully review those requirements at the website established by the Court at: www.LakeCountyKids.org.

If you do not file a written appearance with the Clerk and serve a copy on your spouse's attorney, you may not receive notice of any further proceedings in this action. If you do not make such an appearance, a final decree could be entered by default which grants the relief sought in your spouse's Petition after the expiration of sixty (60) days from the date of the filing of the Petition. You are not required to file any written Answer to respond to the Petition; however, certain grounds for dismissal must be asserted in a timely fashion or are waived; and, if you have a claim for relief against your spouse you may be required to assert such a claim in a written pleading which must be filed with the Clerk and served on your spouse's attorney.

The following manner of service of this SUMMONS is hereby designated:

(select: Registered or certified mail, return receipt #

Sheriff of Lake County

Private service by:

Other (specify): _____)

Date:

(Name of attorney for Filing Party)

LORENZO ARREDONDO

Indiana Attorney No: (insert)

CLERK, LAKE CIRCUIT/SUPERIOR COURTS

(firm name)

Attorney for (select: Mother, Wife, Father, Husband)

(address)

By: _____

Deputy Clerk

(phone number)

PREPARATION DATA:

All summons are to be prepared in triplicate with the original of each to be placed in the Court file with two copies available for service.

If service is by certified mail a properly addressed envelope shall be provided for the party being served. Certified mail labels and return receipts must also be furnished for each mailing and the cause number must appear on each return receipt, which shall be returnable to the Clerk at the address of the Court. (Form: DS 1/97)

Appendix D-2

STATE OF INDIANA

IN THE (Title, Address and Phone
Number of Court)

SS:

COUNTY OF LAKE

IN RE: THE MARRIAGE OF

Cause No.

(Name of Filing Party),

(select: Mother, Wife, Father, Husband)

and

(Name of Spouse),

(select: Mother, Wife, Father, Husband)

**SUMMONS
AND NOTICE OF HEARING
IN PROCEEDINGS FOR DISSOLUTION OF MARRIAGE**

THE STATE OF INDIANA TO : (name of spouse being served)

(address)

Your spouse has filed an action for dissolution of marriage in the Court stated above. A copy of the Petition (and, in some cases, other documents) together with a separate Notice from the Court which is printed on yellow paper are attached to or otherwise served with this Summons and contain important details regarding the nature of these proceedings. Local Rules in Lake County require that both you and your spouse complete certain, specific tasks and you should immediately and carefully review those requirements at the website established by the Court at: www.LakeCountyKids.org.

THIS IS YOUR OFFICIAL NOTICE that a hearing on Provisional Orders has been scheduled for _____, 20____, at _____ M. before this Court, in (room number) which is located on the (_____ floor), at the address

listed in the upper right hand corner of this Summons. If you wish to hire an attorney to represent you in this matter, it is advisable to do so before that date. If you do not appear for that hearing, a provisional order could be entered by default which could remain in effect until this action is concluded.

If you do not file a written appearance with the Clerk and serve a copy on your spouse's attorney, you may not receive notice of any further proceedings in this action. If you do not make such an appearance, a final decree could be entered by default which grants the relief sought in your spouse's Petition after the expiration of sixty (60) days from the date of the filing of the Petition. You are not required to file any written Answer to respond to the Petition; however, certain grounds for dismissal must be asserted in a timely fashion or are waived; and, if you have a claim for relief against your spouse you may be required to assert such a claim in a written pleading which must be filed with the Clerk and served on your spouse's attorney.

The following manner of service of this SUMMONS is hereby designated:

Date:

(Name of attorney for Filing Party)

LORENZO ARREDONDO

Indiana Attorney No: (insert)

CLERK, LAKE CIRCUIT/SUPERIOR COURTS

(firm name)

Attorney for (select: Mother, Wife, Father, Husband)

(address)

By: _____
Deputy Clerk

(phone number)

PREPARATION DATA:

All summons are to be prepared in triplicate with the original of each to be placed in the Court file with two copies available for service.

If service is by certified mail a properly addressed envelope shall be provided for the party being served. Certified mail labels and return receipts must also be furnished for each mailing and the cause number must appear on each return receipt, which shall be returnable to the Clerk at the address of the Court.

Appendix D-3

STATE OF INDIANA

IN THE (Title, Address and Phone
Number of Court)

SS:

COUNTY OF LAKE

IN RE: THE MARRIAGE OF

Cause No.

(Name of Filing Party),

(select: Mother, Wife, Father, Husband)

and

(Name of Spouse),

(select: Mother, Wife, Father, Husband)

**SUMMONS
AND NOTICE OF HEARING
IN PROCEEDINGS FOR DISSOLUTION OF MARRIAGE**

THE STATE OF INDIANA TO : (name of spouse being served)

(address)

Your spouse has filed an action for dissolution of marriage in the Court stated above. A copy of the Petition (and, in some cases, other documents) together with a separate Notice from the Court which is printed on yellow paper are attached to or otherwise served with this Summons and contain important details regarding the nature of these proceedings. Local Rules in Lake County require that both you and your spouse complete certain, specific tasks and you should immediately and carefully review those requirements at the website established by the Court at: www.LakeCountyKids.org.

THIS IS YOUR OFFICIAL NOTICE that a final hearing has been scheduled for _____, 20_____, at M. before this Court, in (room number) which is located on the (_____ floor), at the address listed in the upper right hand corner of this Summons.

If you do not file a written appearance with the Clerk and serve a copy on your spouse's attorney, you may not receive notice of any further proceedings in this action. If you do not make such an appearance, a final decree could be entered by default which grants the relief sought in your spouse's Petition after the expiration of sixty (60) days from the date of the filing of the Petition. You are not required to file any written Answer to respond to the Petition; however, certain grounds for dismissal must be asserted

in a timely fashion or are waived; and, if you have a claim for relief against your spouse you may be required to assert such a claim in a written pleading which must be filed with the Clerk and served on your spouse's attorney.

The following manner of service of this SUMMONS is hereby designated:

(select: Registered or certified mail, return receipt #

Sheriff of Lake County

Private service by:

Other (specify): _____)

Date:

(Name of attorney for Filing Party)

LORENZO ARREDONDO

Indiana Attorney No: (insert)

CLERK, LAKE CIRCUIT/SUPERIOR COURTS

(firm name)

Attorney for (select: Mother, Wife, Father, Husband)

(address)

By: _____
Deputy Clerk

(phone number)

PREPARATION DATA:

All summons are to be prepared in triplicate with the original of each to be placed in the Court file with two copies available for service.

If service is by certified mail a properly addressed envelope shall be provided for the party being served. Certified mail labels and return receipts must also be furnished for each mailing and the cause number must appear on each return receipt, which shall be returnable to the Clerk at the address of the Court. (Form: DS 1/97)

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 Petition to the party being served, _____, by _____ mail, requesting a return receipt, at the address furnished by the filing party.

LORENZO ARREDONDO

CLERK, LAKE CIRCUIT/SUPERIOR COURTS

Dated: _____, 20____.

BY:

Deputy Clerk

RETURN ON SERVICE OF SUMMONS BY MAIL

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

LORENZO ARREDONDO

CLERK, LAKE CIRCUIT/SUPERIOR COURTS

Dated: _____, 20____.

BY:

Deputy Clerk

RETURN OF SERVICE OF SUMMONS BY SHERIFF

I hereby certify that I have served the within Summons:

1) By delivering on _____, 20____, a copy of this Summons and a copy of the Petition to each of the within named person(s).

2) By leaving on _____, 20____, for each of the within named person(s) a copy of the Summons and a copy of the Petition at the respective dwelling house or usual place of abode, in _____, Indiana, with a person of suitable age and discretion residing within, whose usual duties or activities include prompt communication of such information to the person served, or by otherwise leaving such process thereat, and by mailing a copy of the Summons without the Petition to the said named person(s) at the address listed herein.

3) This Summons came to hand this date, _____, 20____. The within named _____ was not found in my bailiwick this date, _____, 20____.

ALL DONE IN LAKE COUNTY, INDIANA.

OSCAR MARTINEZ

SHERIFF OF LAKE COUNTY, INDIANA

By: _____

SERVICE ACKNOWLEDGED

I hereby acknowledge that I received a copy of the within Summons and a copy of the Petition at _____ in _____, Indiana, on this date, _____, 20____.

Signature of Party Served

Appendix E

STATE OF INDIANA
COUNTY

IN THE SUPERIOR COURT OF LAKE

JUVENILE DIVISION, 3000 West 93rd Avenue,

COUNTY OF LAKE

Crown Point, Indiana 46307 (219) 660-6900

IN THE MATTER OF THE PATERNITY OF: CAUSE NO. 45D06-0107-JP-0000

KIRBY UPRIGHT

Male Born 1/1/2007

HOOVER ORECK,

Putative Father,

and

DYSON UPRIGHT,

Mother

KIRBY UPRIGHT b/n/f HOOVER ORECK

SUMMONS

AND NOTICE OF INITIAL HEARING IN A PATERNITY CASE

THE STATE OF INDIANA TO:

Dyson Upright

1234 Electrolux Lane

Berber, IN 46000

A paternity action has been filed in the Court stated above. A copy of the Petition (and, in some cases, other documents) together with a separate Notice from the Court which is printed on yellow paper are attached to or otherwise served with this Summons and contain important details regarding the nature of these proceedings. Local Rules in Lake County require that both parties to this case complete certain specific tasks. You should immediately and carefully review those requirements at the website established by the Court at: www.LakeCountyKids.org.

THIS IS YOUR OFFICIAL NOTICE that an Initial Hearing to Establish Paternity is scheduled for **the ___ day of _____, 20__**, at **___ o'clock __.m.** at the address listed in the upper right hand corner of this Summons. If you wish to hire an attorney to represent you in this matter, it is advisable to do so before that date. **If you do not appear for that hearing, a final order could be entered by default determining paternity, custody, parenting time and child support.**

If you do not file a written appearance with the Clerk and serve a copy on the attorney whose name and address is set forth at the bottom of this page, you may not receive notice of any further proceedings in this action. You are not required to file any written

Answer to respond to the Petition; however, certain grounds for dismissal must be asserted in a timely fashion or are waived; and, if you have a claim for relief against the person who filed the Petition, you may be required to assert such a claim in a written pleading which must be filed with the Clerk and served upon the attorney whose name and address is set forth at the bottom of this page.

The following manner of service is designated: **Sheriff (or CMRRR, or Private Server etc.)**

Date:

LORENZO ARREDONDO

F.Q. Cannister, #000-45

CLERK, SUPERIOR COURT OF LAKE COUNTY

Attorney for Putative Father

By: _____

789 Suction Lane

Deputy Clerk

Vacuum, IN 46000

219.000.0000



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 Petition to the party being served, _____, by _____ mail, requesting a return receipt, at the address furnished by the filing party.

LORENZO ARREDONDO

CLERK, LAKE CIRCUIT/SUPERIOR COURTS

Dated: _____, 20____.

BY:

Deputy Clerk

RETURN ON SERVICE OF SUMMONS BY MAIL

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

LORENZO ARREDONDO

CLERK, LAKE CIRCUIT/SUPERIOR COURTS

Dated: _____, 20____.

BY:

Deputy Clerk

RETURN OF SERVICE OF SUMMONS BY SHERIFF

I hereby certify that I have served the within Summons:

1. By delivering on _____, 20___, a copy of this Summons and a copy of the Petition to each of the within named person(s).

2. By leaving on _____, 20___, for each of the within named person(s) a copy of the Summons and a copy of the Petition at the respective dwelling house or usual place of abode, in _____, Indiana, with a person of suitable age and discretion residing within, whose usual duties or activities include prompt communication of such information to the person served, or by otherwise leaving such process thereat, and by mailing a copy of the Summons without the Petition to the said named person(s) at the address listed herein.

3. This Summons came to hand this date, _____, 20___. The within named _____ was not found in my bailiwick this date, _____, 20___.

ALL DONE IN LAKE COUNTY, INDIANA.

OSCAR MARTINEZ

SHERIFF OF LAKE COUNTY, INDIANA

By: _____

SERVICE ACKNOWLEDGED

I hereby acknowledge that I received a copy of the within Summons and a copy of the Petition at _____ in _____, Indiana, on this date, _____, 20___.

Signature of Party Served

APPENDIX F

NOT FOR PUBLIC ACCESS

Petitioner

Cause No. _____

Respondent

**INFORMATION SHEET
FOR FAMILY COURT PILOT PROJECT**

This form is required to be completed in full and filed with the Clerk's Office with all new petitions filed for dissolution of marriage, legal separation and determination of paternity. The information on this form will be used to identify families who have more than one cause of action pending in the Lake County Court system, and to aid the Courts in tracking the progress of these matters.

	Full Name	Soc. Sec. Number	Date of Birth	Sex
(M/F)				
Petitioner:				
Respondent:				

Names of all children of the parties: (M/F)	Soc. Sec. Number	Date of Birth	Sex

Title of case:	Name and location of court:
Type of case:	Cause Number:

Title of case:	Name and location of court:
Type of case:	Cause Number:

Title of case:	Name and location of court:
Type of case:	Cause Number:

Use additional sheets if necessary to supply complete information.

Appendix G

JUDGES' NOTICE TO PARENTS GOING THROUGH DIVORCE

We, the Judges and Magistrates of Lake County, share the following information so that you will know of our commitment to the best interests of children. *Please read this information carefully, as we expect you and all other persons involved in your case to be partners in serving those best interests.*

1. As soon as possible, visit www.LakeCountyKids.org to learn about the Courts' expectations and to read the Lake County Rules of Family Law for important information about how divorce cases will be handled to:

- ensure safety;
- reduce conflict;
- build cooperation; and,
- protect the best interests of all family members, especially all children.

2. If there will be no attorneys in your case, see the "Cases Without Attorneys" link on Courts' website, www.LakeCountyKids.org, for special work required of you.

3. If you and your spouse have any children under the age of 18, you **must** do the following within 30 days:

- a. Register for a co-parenting class. You will find more information about the class and how to register at the link on the Courts' website, www.LakeCountyKids.org.
- b. Complete the work on www.UpToParents.org, and take your completed work to your co-parenting class, give a copy to your attorney, and bring it with you to all court appearances and other meetings.

4. If you and your spouse have any children under the age of 18, you should attempt to establish your own plan for the decision making and living arrangements that will serve to nurture and protect your children. A plan which is worked out between the parents to fit the needs of their children and family is almost always the best. You should review the Indiana Parenting Time Guidelines at the link on the Courts' website, www.LakeCountyKids.org. The Court considers those Guidelines to be the **minimum** parenting time for each parent to have frequent, meaningful, and continuing contact with their children. We recommend that you use the Parenting Plan Proposal/Worksheet which you will also find on the Courts' website, www.LakeCountyKids.org.

5. You and your spouse must complete and exchange Financial Declaration Forms with all required attachments. You will find this Form at the link on the Courts' website, www.LakeCountyKids.org.

Appendix H

JUDGES' NOTICE TO PARENTS IN PATERNITY CASES

We, the Judges and Magistrates of Lake County, share the following information so that you will know of our commitment to the best interests of children. *Please read this information carefully, as we expect you and all other persons involved in your case to be partners in serving those best interests.*

1. If either of you question whether or not the man named as the father in this case is the father, the Court will order genetic testing at the initial hearing to establish paternity. If the man named as father is found not to be the father by genetic testing, the case will be dismissed.

2. If paternity is established, whether by agreement or otherwise, or following genetic testing, the Local Rules of the Circuit and Superior Court of Lake County, Indiana, require you to do the following:

A. Complete the work on www.ProudToParent.org and furnish the Court with a certification that you have done so.

B. Complete and exchange Financial Declaration Forms with all required attachments. You will find this form at the link on the Court's website, www.LakeCountyKids.org.

C.

3. In addition, if paternity is established, whether by agreement or otherwise, or following genetic testing, you will be expected to do the following:

A. Devise a Parenting Plan for your children. A Parenting Plan consists of the decision making and living and financial arrangements that will serve to nurture and protect your children as the years progress. A plan which is worked out between the parents to fit the needs of their children and family is almost always best. You should review the Indiana Parenting Time Guidelines at the link on the Court's website, www.LakeCountyKids.org. The Court considers those Guidelines to be the **minimum** parenting time for each parent to have frequent, meaningful, and continuing contact with their children. We recommend that you use the Parenting Plan Proposal/Worksheet which you will also find on the Court's website, www.LakeCountyKids.org. If you fail to devise a successful Parenting Plan for your children, this Court may require you to attend and complete, at your own expense, a co-parenting class.

B. If there will be no attorneys in your case, read the "Cases Without Attorneys" link on the Court's website, www.LakeCountyKids.org, for special work required of you.

C. Read the Lake County Rules of Family Law and the Indiana Parenting Time Guidelines which are available on the Court's website, www.LakeCountyKids.org, for additional important information on the Court's expectation that everyone involved in your case will be a partner in:

- **ensuring safety;**
- **reducing conflict;**
- **building cooperation; and,**

- **protecting the best interests of all family members, especially all children.**

Appendix I

DISSOLUTION OF MARRIAGE: FINANCIAL DECLARATION FORM

STATE OF INDIANA: CIRCUIT AND SUPERIOR COURTS OF LAKE COUNTY

IN RE THE MARRIAGE OF:

Cause No. _____

(select: Mother, Wife, Father, Husband)

and

(select: Mother, Wife, Father, Husband)

FINANCIAL DECLARATION OF: _____

This declaration is considered mandatory discovery and must be exchanged between the parties within 60 days of the initial filing of the Dissolution of Marriage. Parties not represented by counsel are required to comply with these practices. Failure by either party to complete and exchange this form as required will authorize the court to impose sanctions set forth in Rule 6 of the Lake County Rules of Family Law. If appraisals or verifications are not available within 60 days the form must be exchanged within 60 days with a notation that appraisals or verifications are being obtained and then the Declaration shall be supplemented within 30 days thereafter.

Husband: _____

Wife: _____

Address: _____

Address: _____

Soc. Sec. No.: _____

Soc. Sec. No.: _____

Badge/Payroll No.: _____

Badge/Payroll No.: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Date started this employment: _____

Date started this employment: _____

Birth Date: _____

Birth Date: _____

Date of Marriage: _____

Date of Physical Separation: _____

Date of Filing: _____

List Names, dates of birth, and social security numbers of all children of this relationship, whether by birth or adoption:

_____	_____
_____	_____
_____	_____

List Names and dates of birth of any other children living at the residence of the person responding (identify if these are children of the responding party) and for each such person indicate the amount of support, if any, that is received:

_____	_____
_____	_____
_____	_____

Part I INCOME AND EXPENSES STATEMENT

Attach COMPLETE copies of your Federal Income Tax Returns for the last three taxable years including all W2's and 1099's. Also attach proof of all wages earned in the present year up to the date of your response. If current wage statement shows year to date wages and itemized deductions this is sufficient. If current wage statement does not indicate year to date earnings and deductions attach the 8 most recent pay stubs.

Person Responding

A. Gross yearly income from Salary and Wages, including commissions, bonuses, allowances and overtime received in most recent year.

Average gross pay per pay period (indicate whether you are paid weekly each 2 weeks or twice per month)

B. Gross Monthly Income from Other Sources¹

¹Some of these items may not apply to support or maintenance computations.

List and explain in detail any Rents received, Dividend income, or Pension, Retirement, Social Security, Disability and/or Unemployment Insurance benefits - or any other source including Public assistance, food stamps, and child support received for any child not born of the parties of this marriage.

C. SELECTED LIVING EXPENSES: List names and relations of each member of the household of the Responding party whose expenses are included.

For each expense attach verification of payment even if it is not specifically requested on this form - please note that Indiana uses an Income Shares model for determining support and thus in most cases the expenses that a party has or does not have are not relevant in determining support under the Indiana Support Guidelines. **However if** you claim your expenses justify a deviation from the support guidelines attach a detailed list of expenses together with verification of same.

Person Responding

Rent or Mortgage payments (residence) _____

Real Property Taxes (residence) if not included
in mortgage payment _____

Real Property Insurance (residence) if not included
in mortgage payment _____

Cost of all Medical Insurance - specify time period -
Attach verification of payment if not on pay stub _____

Cost of only that medical insurance that is related to the
children of this action - specify time period - attach
verification from employer or insurance company _____

Child care costs - to permit work - specify time
period (per day, week, month) - attach verification _____

Pre-School Costs (specify time period week, semester or year) _____

School Tuition - per semester (Grade or High School) _____

Book Costs - per semester (Grade or High School) _____

For Post High School Attach separate list with explanation of loans and scholarships and grants _____

Child support paid for children other than those involved in this case - attach proof of payment _____

D. IN ALL CASES INVOLVING CHILD SUPPORT: Prepare and attach any Indiana Child Support Guideline Worksheet (with documentation verifying your income); or, supplement with such a Worksheet within ten (10) days of the exchange of this Form.

Further, if there exists a parenting plan or pattern then state the number of overnights the non-custodial parent will have the child during the year.

The yearly number of overnights is _____

E. POST HIGH SCHOOL EDUCATION EXPENSE

If any of the children subject to this case are attending post high school classes, or will attend within the next six months list the following information for each such student. **Further attach to this financial affidavit any documentation you have in support of these answers.**

Name of Student _____

Name of School _____

Cost of School per year - If applicable, include room and board _____

Identify all student financial aid including grants, scholarships, and loans and for each indicate what it is and how much will be received: _____

Note in those cases where it is appropriate parties may want to engage in additional discovery concerning assets that might be applied to education such as IRA's, 401 K's etc. Note further that withdrawals from IRA's for educational expenses do not suffer a 10% penalty (IRC code sec 72 (t) 2 (e).

F. Debts and Obligations: (Include credit union) attach additional sheets as needed. Indicate any special circumstances, i.e., premarital debts, debts in arrears on the date of physical separation, or date of filing and the amount or number of payments in arrears.

ATTACH A COPY OF THE MOST RECENT STATEMENT FOR EACH LISTED DEBT

<u>Creditor's Name & Persons on Account</u>	<u>Balance</u>	<u>Monthly Payment</u>

PART II NET WORTH - ATTACH ALL AVAILABLE DOCUMENTATION TO VERIFY VALUES -

List all property owned either individually or jointly. Indication who holds or how the title is held: (H) Husband, (W) Wife, or (J) Jointly or other appropriate indication. WHERE SPACE IS INSUFFICIENT FOR COMPLETE INFORMATION OR LISTING PLEASE ATTACH SEPARATE PAGE.

A. Household Furnishings: (Value of Furniture, Appliances, and Equipment, as a whole - You need not itemize - indicate whether you use replacement cost or a garage sale value)

B. Automobiles, Boats, Snowmobiles, Motorcycles, Etc.:

<u>Year - Make & Present Value</u>	<u>Titled Owner</u>	<u>Balance Owed</u>

C. Cash and Deposit Accounts: (including ALL banks, savings and loan associations, credit unions, thrift plans, mutual funds, certificate of deposit, savings and/or checking accounts, IRA's and annuities). **This also includes listing the contents of any safety deposit boxes.** Use additional page if necessary.

<u>Name of Institution & Type of Account</u>	<u>"Owners"</u>	<u>Account No.</u>	<u>Balance</u>

D. Securities: (Stocks, Bonds, Etc) - use additional page if necessary

<u>Company Name</u>	<u>"Owner"</u>	<u>Shares</u>	<u>Value</u>

E. Real Estate: (attach separate sheet with the following information for each separate piece of real estate).

Address: _____ Type of Property: _____

_____ Date of Acquisition: _____

Original Cost: _____ Present Value: _____

Basis for Valuation: _____

(Attach appraisal if obtained)

1st MORTGAGE BALANCE AS OF DATE OF ANSWER: _____

Other liens (amount and type): _____

Monthly payment on each mortgage: 1st: _____ 2nd: _____

To whom paid: _____

Taxes (if not included in Mtg. payment): _____

Insurance (if not included in Mtg. payment): _____

Special Assessments (including utility or condo assessments): _____

Identify Individual contributions to the real estate (for example, inheritance, pre-marital assets, personal loans, etc.): _____

F. Retirement Plans: List monthly amount you would be entitled to at earliest retirement date (indicating that date) if you stopped work today. Your response should indicate date of valuation. Further, if it is a defined interest plan list present amount in plan and date of valuation.

Also, identify whose plan it is and list both the name and the address of administrator of plan - indicate whether plan is vested - if not vested, indicate when it will vest:

Attach documents from each plan verifying information. If not yet received, attach a copy of your written request to the plan(s).

G. Life Insurance: Give name of insured, beneficiary, company issuing, policy #, type of insurance (term, whole life, group), face value, cash value and any loans against - include plans provided by employer:

H. Business or Professional Interests: Indicate name, share, type of business, value less indebtedness, etc.:

I. Other Assets: (this includes coin, stamp or gun collections or other items of unusual value). Use additional pages as needed:

PART III VERIFICATION

I declare, under the penalty of perjury, that the foregoing, including any valuations and attachments, is true and correct and that I have made a complete and absolute disclosure of all of my assets and liabilities. Furthermore, I understand that if, in the future, it is proven to this court that I have intentionally failed to disclose any asset or liability, I may lose the asset and may be required to pay the liability. Finally, I acknowledge that sanctions may be imposed against me, including reasonable attorney's fees and expenses incurred in the investigation, preparation and prosecution of any claim or action that proves my failure to disclose income, assets or liabilities.

DATE: _____

PARTY'S SIGNATURE

PART IV ATTORNEY'S CERTIFICATION

I have reviewed with my client the foregoing information, including any valuations and attachments, and sign this certificate consistent with my obligation under Trial Rule 11 of the Indiana Rules of Procedure.

DATE: _____

(attorney's name)

Indiana Attorney No.: _____

(firm name)

Attorney for (select: Mother/Father)

(address)

(phone number)

Appendix J

PATERNITY & POST DECREE: FINANCIAL DECLARATION FORM STATE OF INDIANA: CIRCUIT AND SUPERIOR COURTS OF LAKE COUNTY

IN RE THE MARRIAGE OF:

Cause No. _____

(select: Mother, Wife, Father, Husband)

and

(select: Mother, Wife, Father, Husband)

FINANCIAL DECLARATION OF: _____

This declaration is considered mandatory discovery and must be exchanged between the parties within 30 days of the filing of any paternity case or any post decree matter. Parties not represented by counsel are required to comply with these practices. Failure by either party to complete and exchange this form as required will authorize the court to impose the sanctions set forth in Rule 6 of the Lake County Rules of Family Law, these include costs and attorney fees.

Father: _____

Mother: _____

Address: _____

Address: _____

Soc. Sec. No.: _____

Soc. Sec. No.: _____

Badge/Payroll No.: _____

Badge/Payroll No.: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Date stated this employment: _____

Date started this employment: _____

Birth Date: _____

Birth Date: _____

List the following Dates as Applicable:

Date of Dissolution: _____ Date of most recent support order: _____

Date of Filing of this paternity action: _____

Date of Filing of this post decree action: _____

List Names, dates of birth, and social security numbers of all children of this relationship, whether by birth or adoption:

_____	_____
_____	_____
_____	_____

List Names and dates of birth of any other children living at the residence of the person responding (identify if these are children of the responding party) and for each such person indicate the amount of support, if any, that is received:

_____	_____
_____	_____
_____	_____

Part I. INCOME AND EXPENSES STATEMENT

Attach COMPLETE copies of your Federal Income Tax Returns for the last three taxable years including all W2's and 1099's. Also attach proof of all wages earned in the present year up to the date of your response. If current wage statement shows year to date wages and itemized deductions this is sufficient. If current wage statement does not indicate year to date earnings and deductions attach the 8 most recent pay stubs.

Person Responding

A. **Gross yearly income from Salary and Wages**, including commissions, bonuses, allowances and overtime received in most recent year.

Average gross pay per pay period (indicate whether you are paid weekly each 2 weeks or twice per month)

B. Gross Monthly Income from Other Sources²

List and explain in detail any Rents received, Dividend income, or Pension, Retirement, Social Security, Disability and/or Unemployment Insurance benefits - or any other source including Public assistance, food stamps, and child support received for any child not born of the parties of this marriage.

²Some of these items may not apply to support or maintenance computations.

C. **Selected Living Expenses:** List names and relations of each member of the household of the Responding party whose expenses are included.

_____	_____
_____	_____
_____	_____

For each expense attach verification of payment even if it is not specifically requested on this form - please note that Indiana uses an Income Shares model for determining support and thus in most cases the expenses that a party has or does not have are not relevant in determining support under the Indiana Support Guidelines. However if you claim your expenses justify a deviation from the support guidelines attach a detailed list of expenses together with verification of same.

Person Responding	
Rent or Mortgage payments (residence)	_____
Real Property Taxes (residence) if not included in mortgage payment	_____
Real Property Insurance (residence) if not included in mortgage payment	_____
Cost of all Medical Insurance - specify time period - Attach verification of payment if not on pay stub	_____
Cost of only that medical insurance that is related to the children of this action - specify time period - attach verification from employer or insurance company	_____
Child care costs - to permit work - specify time period (per day, week, month) - attach verification	_____
Pre-School Costs (specify time period week, semester or year)	_____
School Tuition - per semester (Grade or High School)	_____
Book Costs - per semester (Grade or High School)	_____
For Post High School Attach separate list with explanation of loans and scholarships and grants	_____
Child support paid for children other than those involved in this case - attach proof of payment	_____

D. **In All Cases Involving Child Support:** Prepare and attach any Indiana Child Support Guideline Worksheet (with documentation verifying your income); or, supplement with such a Worksheet within ten (10) days of the exchange of this Form.

Further, if there exists a parenting plan or pattern then state the number of overnights the non-custodial parent will have the child during the year.

The yearly number of overnights is _____

PART II ARREARAGE COMPUTATION

If case involves a claim of a support or other arrearage, attach all records or other exhibits regarding payment history and compute the arrearage as of the date of the filing of the petition or motion which raises that issue. Explain in detail how arrearage is calculated.

PART III POST HIGH SCHOOL EDUCATION EXPENSE

If any of the children subject to this case are attending post high school classes, or will attend within the next six months list the following information for each such student. Further attach to this financial affidavit any documentation you have in support of these answers.

Name of Student _____

Name of School _____

Cost of School per year - If applicable, include room and board _____

Identify all student financial aid including grants, scholarships, and loans and for each indicate what it is and how much will be received:

Note in those cases where it is appropriate parties may want to engage in additional discovery concerning assets that might be applied to education such as IRA's, 401 K's etc. Note further that withdrawals from IRA's for educational expenses do not suffer a 10% penalty (IRC code sec 72 (t) 2 (e)).

PART IV VERIFICATION

I declare, under the penalty of perjury, that the foregoing is true and correct and that I have made a complete and absolute disclosure of all of my income and expenses as asked. I acknowledge that sanctions may be imposed against me, including reasonable attorney's fees and expenses incurred in the investigation, preparation and prosecution of any claim or action that proves my failure to disclose income or liabilities.

DATE: _____
PARTY'S SIGNATURE _____

PART V ATTORNEY'S CERTIFICATION

I have reviewed with my client the foregoing information, including any valuations and attachments, and sign this certificate consistent with my obligation under Trial Rule 11 of the Indiana Rules of Procedure.

DATE: _____

(attorney's name)

Indiana Attorney No.: _____
(firm name)

Attorney for (select: Mother/Father)
(address)

(phone number)

