

**INSTRUCTIONS TO REQUEST EMANCIPATION OF A CHILD(REN),
MODIFICATION OF SUPPORT AND ESTABLISH ARREARAGE**

1. To prepare Motion to Emancipate, Modification of Support and Establish Arrearage:
 - Must be typed or nearly printed.
 - Must contain the names of parties and Court case number.
 - Must have **two (2)** copies plus the original.
 - Signature must be notarized.

Verification of all income which should include the following:

2. Copies of their last three (3) pay stubs.
3. Copies of their most recent State and Federal Income Tax Returns, including all W-2's and supporting schedules.
Copies of all documentation showing income earned by you during the last year from any source including but not limited to: interest income; income from real or personal property; income from stocks and bonds and retirement/pension; income from gift and inheritance; settlement income; judgment income; and income from Social Security Disability and Social Security Retirement.
4. Written proof of Work Related Child Care Cost which must be dated and signed by the Day Care Provider.
5. Written proof of all cost of insurance paid by you for the child(ren).
6. Written proof of all other Child Support Orders you are Court Ordered to pay along with written proof that you are currently paying the order(s).
7. Be ready to testify under oath to the number of overnights the non-custodial parent has the child(ren).
8. Bring Motion to Emancipate, Modification of Support and Establish Arrearage to the Title IV-D Office so that we may file the documents.
9. Mail one (1) copy to the other party.
10. Must be present for hearing or Court will deny Motion to Emancipate, Modification of Support and Establish Arrearage! You must be on time for the hearing. Please arrive 15 minutes prior to scheduled time.

THE COURT FURTHER ADVISES THE PARTIES THAT INDIANA LAW, AND SPECIFICALLY THE INDIANA CHILD SUPPORT GUIDELINES REQUIRE THE PARTIES TO SUBMIT A COMPLETED AND SIGNED CHILD SUPPORT OBLIGATION WORKSHEET TO THE COURT AT THE MODIFICATION HEARING. In the event the hearing you are attending is a remote (video hearing) the child support obligation worksheet should be filed with the court at least five days before the scheduled hearing. FAILURE TO FILE A SIGNED CHILD SUPPORT OBLIGATION WORKSHEET MAY RESULT IN A DENIAL OF THE MODIFICATION OF SUPPORT OR A CONTINUANCE OF THE HEARING, IN THE COURT'S DISCRETION

Child Support Obligation Worksheet link: <https://public.courts.in.gov/csc#/practitioner-financials>

STATE OF INDIANA
COUNTY OF DEKALB

IN THE DEKALB _____ COURT ____
CASE NO. _____

IN RE: THE _____:

Petitioner

Respondent

**MOTION TO EMANCIPATE A CHILD FOR
CHILD SUPPORT PURPOSES AND ESTABLISH ARREARAGE**

Comes now _____ and moves to emancipate the child
_____, who was born on _____, and is currently
_____ years of age, for purposes of child support.

In support of this motion, the moving party would show the Court as follows:

1. The order in this case covers only the child listed above. ☐ YES ☐ NO
2. The order in this case covers minor child(ren) in addition to the child(ren) listed above.
☐ YES ☐ NO
3. The child does ☐ does not ☐ suffer from any mental illness, infirmity or limitation.
4. The child does ☐ does not ☐ suffer from any physical illness, infirmity or limitation.
5. The child does ☐ does not ☐ reside with either the person paying support or the person receiving support.
6. The child is employed ☐ YES ☐ NO, working
at _____ and earning \$ _____ gross weekly
wages.
7. ☐ The child is currently enrolled in school
☐ The child is currently not enrolled in school

8. The child has the means and ability to be self-supporting without assistance.

☐ YES ☐ NO

9. That _____ (Moving Party's Name) requests than an arrearage be established at this time.

10. Other Information:

Date

Signature

Subscribed and sworn to before me, a notary public in _____ County and State of _____ on _____ 20____

Notary Public

I hereby certify that I have served a copy of this motion on the following individuals:

Name of Other Party

Address of Other Party

Service By ☐ Mail ☐ Personal Service

Name of Other Party

Address of Other Party

Service By ☐ Mail ☐ Personal Service

☐ DeKalb County Title IV-D office

STATE OF INDIANA) IN THE DEKALB _____ COURT ____
) SS:
COUNTY OF DEKALB) CASE NO. _____

IN RE: THE _____ OF:

Petitioner

Respondent

NOTICE OF HEARING AND ORDER TO APPEAR

COMES NOW, _____ and having filed her/his Motion to Emancipate and/or Modification of Support and Establish Arrearage which Motion is in the following words and figures, to-wit:

And the Court having read and examined the attached Motion and being duly advised in the premises now finds that a hearing should be held on said Motion to determine if a Modification is in order.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED, that _____
_____ be ordered to appear in the DeKalb _____
Court __ on _____

IT IS FURTHER ORDERED that ALL PARTIES shall produce at said hearing, Verification of all income which should include the following:

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3. Copies of all documentation showing income earned by you during the last year from any source including but not limited to: interest income; income from real or personal property; income from stocks and bonds and retirement/pension; income from gift and inheritance; settlement income; judgment income; and income from Social Security Disability and Social Security Retirement.
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IT IS FURTHER ORDERED that a copy of this Order be served on all parties.

Date: _____

_____, Judge
DeKalb _____

Copies to:

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— DEKALB CO. TITLE IV-D