

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

STATE OF INDIANA)
)SS:
COUNTY OF _____)

IN THE _____/CIRCUIT SUPERIOR COURT
CAUSE NO. _____

IN RE THE MARRIAGE OF:)
)
_____)
Petitioner)
)
vs.)
)
_____)
Respondent)

**VERIFIED PETITION FOR COLLEGE EXPENSES AND SPECIAL
MEDICAL, HOSPITAL, OR DENTAL EXPENSES**

COMES NOW _____, a self-represented litigant, and after first being duly sworn upon her/his oath states and affirms as follows:

1. The parties are the parents of the following children:

Name	age	D.O.B.

2. On or about _____ the Court entered an Order of support for child(ren) in the amount of \$ _____/week.
3. At that time, the Court did not enter an Order with respect to the payment of college expenses or special medical, hospital, or dental expenses for the child(ren) beyond the age of emancipation of the child(ren).
4. _____ will be attending _____ as a full-time/part-time student beginning _____.
5. For the school year 20__/20__, the anticipated educational expenses are _____ after all scholarships, grants and non-repayable financial aid is deducted. (Note: You must provide documentation at or before the court hearing)
6. The child (ren) has/have special medical, hospital or dental expenses, Specifically: _____

7. The parties are capable of paying for a portion of the reasonable educational expenses, including tuition, room and board, transportation, fees, books and supplies, and special medical, hospital or dental expenses.
8. My gross weekly income (before taxes) is \$_____ per week.
9. The Petitioner/Respondent's gross weekly income (before taxes) is \$_____ per week.
10. I am seeking an Order for the payment of college expenses and/or special medical, hospital or dental expenses for the child(ren).

WHEREFORE, I request that the Court:

- a) Set this matter for hearing for the purpose of determining contribution towards college expenses, special medical, hospital, or dental expenses.
- b) Direct the parties to produce proof of income, including last year's W-2's and tax returns and year-to-date paystubs.
- c) Enter an Order for college expenses and special medical, hospital, or dental expenses.
- d) Modify the existing order of current support for the child(ren).

Grant all further and proper relief in the premises.

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

Signature

Printed Name

Street Address

City, State and Zip Code

CERTIFICATE OF SERVICE

I hereby certify I sent a copy of this Petition to _____ by first class mail to the opposing attorney or the opposing party if the opposing party is not represented by an attorney, on this ____ day of _____, 20__.

Signature

STATE OF INDIANA)
)SS:
COUNTY OF _____)

IN THE _____/CIRCUIT SUPERIOR COURT
CAUSE NO. _____

IN RE THE MARRIAGE OF:)
)
_____)
Petitioner)
vs.)
_____)
Respondent)

NOTICE OF HEARING

Comes now, _____, as a self represented litigant, having filed a Verified Petition for College Expenses and Special Medical, Hospital, or Dental Expenses, and the Court finds that the matter should be set for hearing.

IT IS THEREFORE ORDERED that this matter shall be heard on the ____ day of _____, 20__, at _____o'clock____.M. Parties are directed to produce proof of income, including last year's W-2's and tax returns and year-to-date paystub(s) at the hearing.

IT IS FURTHER ORDERED that the Clerk of the Court shall to serve this pleading by certified mail upon _____ at the following address:_____

So ordered this ____day of _____,20__.

Judge

Distribution:

Petitioner's Name and Address

Respondent's Name and Address

STATE OF INDIANA)

IN THE _____
CIRCUIT/SUPERIOR COURT

)SS:

COUNTY OF _____)

CAUSE NO. _____

IN RE THE MARRIAGE OF:)

)

)

Petitioner)

vs.)

)

)

Respondent)

ORDER FOR COLLEGE EXPENSES AND SPECIAL

MEDICAL, HOSPITAL, OR DENTAL EXPENSES

Comes now _____ (mother/father), having filed
this Verified Petition for College Expenses and Special Medical, Hospital, or Dental Expenses.

_____ (mother/father) (appeared/ failed to appear). The Court

having been duly advised as to the financial status of the parties, and having utilized the Indiana

Child Support Guidelines, and having evaluated the needs of the child(ren), now finds as

follows:

1. That the child(ren), _____, is required to contribute
toward the post-secondary school expenses by paying the amount equivalent to
\$_____ per semester. Payment shall be made in the following
manner: _____

_____.

2. That the mother is required to contribute toward the post-secondary school expenses of the child(ren), _____, by paying the amount equivalent to \$_____ per semester. Payment shall be made in the following manner: _____

_____.

3. That the father of the child(ren) is be required to contribute towards the post-secondary school expenses of the child(ren), by paying the amount equivalent to \$_____ per semester. Payment shall be made in the following manner: _____

_____.

4. _____ is be required to maintain health insurance coverage for the child(ren) _____, so long as the child(ren) remains eligible for coverage.

5. The Mother is required to contribute towards the special medical, hospital, or dental expenses of the child(ren), _____, not otherwise covered by insurance in the amount of \$_____ per year, or _____%.

6. The Father is required to contribute towards the special medical, hospital, or dental expenses of the child(ren), _____, not otherwise covered by insurance in the amount of \$_____ per year, or _____%.

7. The existing child support obligation for the child(ren) in the amount of \$_____ per week, is terminated effective the first Friday following the date of this Order.

8. The current child support obligation for the remaining unemancipated children:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

shall be \$_____ per week, effective _____, health insurance coverage must be provided by _____ and the custodial parent must be responsible for the first \$_____(6%) per year of reasonable medical, dental, hospital, pharmaceutical and optical expenses not covered by insurance, with the balance being split between the parties, with Mother paying ____% and Father paying ____%.

9. The child support arrearage, if any, due and owing to the Mother/Father as of the ____ day of _____, 20__, is in the amount of \$_____. The Mother/Father must pay this amount at the rate of \$_____ per week until the same is paid and fully satisfied.

10. All child support payments will be made through an Income Withholding Order or the Clerk of the Court.

SO ORDERED this ____ day of _____, 20__.

Judge