

NOTICE TO SELF REPRESENTED PARTIES FILING A DIVORCE CASE IN CLARK COUNTY

This packet was created to provide valuable information, Court forms and various resources for people who represent themselves in Court. Self-representation should not be taken lightly. There are many instances in which hiring an attorney is a good idea.

Forms **DO NOT** explain the law and may not provide all of the information necessary for a court to reach a decision. You have permission to use the forms and information presented here for the purpose of filing a divorce. The forms should not be used to engage in the unauthorized practice of law.

The Court assumes no responsibilities and accepts no liability for actions taken by your use of these documents, including reliance on their contents.

***** The Clerk's Office and Court employees are prohibited by law from giving legal advice. When filing "Pro Se" or as a "Self-Represented" party you are your own attorney. You are responsible for understanding the rules of law and completing the paperwork correctly. *****

TO FILE YOUR DIVORCE ACTION, YOU **MUST** DO THE FOLLOWING:

Complete the attached forms.

Then return the fully completed forms to the Clerk's Office for filing.

Bring the filing fee; See options below for service of your lawsuit on the opposing party:

Service by Sheriff: Bring \$205.00 (cash or card only), and the completed original documents.

Service by Certified Mail: Bring \$177.00 (cash or card only), plus the completed original documents.

The Clerk will distribute service of the papers as you have requested above.

You are divorced when the Judge signs the Decree of Dissolution. You should not get remarried until you have a copy of the Decree of Dissolution signed by the Judge.

PRO-SE DIVORCE (with children)

A packet is available to purchase in the Clark County Clerk's Office (\$5.50)

- You will need to fill out the following:
 - Appearance
 - Petition for Dissolution of Marriage
 - Notice of Requirement of Verified Financial Disclosure Statement
 - Verified Financial Disclosure Statement (file within 45 days)
 - Summons
 - Notice of Seminar Requirement
 - Notice of Mediation Requirement
 - Information Sheet
- Make sure you sign and date the certificate of service.

Once you pay your filing fee, you will be given a case number.

My case number: _____

Type of service designated: _____

You are responsible to follow up to see if the Respondent has been served. Please go to www.mycase.in.gov and check for service on your case.

Respondent served on: _____

- Once Respondent is served you need to contact the ADR Coordinator at 812-285-6303 or email her at adr@clarkcounty.in.gov to have a mediator assigned to your case.

My ADR mediator is: _____

My mediation is scheduled for: _____

Mandatory parenting seminar/class taken and certificate of completion filed

Parenting Time Guidelines: <https://www.in.gov/courts/rules/parenting/index.html>

****Should ADR mediation be unsuccessful or not possible, please file a Motion and Order for Final hearing located in the Clerk's Office.****

IN THE COURTS FOR CLARK COUNTY
STATE OF INDIANA

IN RE THE MARRIAGE OF:

PETITIONER

and

CASE NO. _____

RESPONDENT

APPEARANCE BY UNREPRESENTED PERSON IN DISSOLUTION OF MARRIAGE

1. My name is _____ and I am
_____ Initiating (Petitioner)
_____ Responding (Respondent)

In this case I am not represented by a lawyer.

2. Contact information for receiving documents and case information is required by Court Rules:
Address:

Email Address: _____

Phone number: _____

3. **This is a case regarding: Dissolution of marriage with Children (DC)**

4. This case involves child support issues:

_____ YES

_____ NO

If yes, you will need to supply social security numbers for all family members when assigned a mediator.

5. There is a separate case involving the same parties that involves a protection order, a workplace violence restraining order, or a no-contact order.

_____ YES Caption: _____ Case No. _____

_____ NO

If yes, the protected party may provide an address for the purpose of accepting legal service of process which will be kept confidential from the opposing party if an order of protection, workplace violence restraining order, or a no-contact order has been issued.

6. There are other related Cases:

_____ YES Caption: _____ Case No. _____

_____ NO

7. Does either party need an Interpreter?

_____ YES What language: _____

_____ NO

DATED: _____

PETITIONER/RESPONDENT

CERTIFICATE OF SERVICE

I hereby certify that I am serving this document by:

_____ Certified mail

_____ Service by Sheriff County _____

_____ Publication (May not be used unless there are no other means to serve the opposing party properly.)

_____ Acknowledgment

_____ Process Server

to the Petitioner/Respondent.

Signature - Petitioner/Respondent

IN THE COURTS FOR CLARK COUNTY
STATE OF INDIANA

IN RE THE MARRIAGE OF:

PETITIONER

and

CASE NO. _____

RESPONDENT

VERIFIED PETITION FOR DISSOLUTION OF MARRIAGE

The Petitioner, _____, now states:

1. The Petitioner and Respondent were married on _____
and separated on _____.
2. Petitioner/Respondent has been a continuous resident of _____
County for the last 3 months.
3. Petitioner/Respondent has been a continuous resident of the State of Indiana
for the last 6 months.
4. There is/are ____ child(ren) born of the marriage. The name, age and address
of each child less than nineteen (19) years of age; and any incapacitated child
of the marriage are listed below:

Name	Age	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Petitioner/Respondent (is/is not) pregnant.
6. Is either party a member of the military? YES _____ NO _____
7. This marriage has suffered an irretrievable breakdown.
8. Does either party contest this divorce proceeding? YES _____ NO _____
9. The Petitioner seeks the following relief:
- _____ The Court to address custody, parenting time and child support.
- _____ The Court to divide marital assets and debts.
- _____ Petitioner/Respondent would like the following former name restored:
_____.
- _____ The Court to grant a Dissolution of Marriage.
10. _____ I am NOT a Guardian of an incapacitated person filing a petition on behalf of the incapacitated person.
- OR
- _____ I AM a Guardian of an incapacitated person filing a petition for dissolution of marriage on behalf of the incapacitated person and my address is _____. I have attached a copy of the Court Order granting me authority to petition for dissolution of marriage on behalf of such incapacitated person hereto.
11. _____ Neither the Petitioner, nor the Respondent, is a lifetime sex or violent offender.
- _____ The Petitioner is a lifetime sex or violent offender.
- _____ The Respondent is a lifetime sex or violent offender.

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

PETITIONER

CERTIFICATE OF SERVICE

I hereby certify that I am serving this document to the Petitioner/Respondent by:

_____ Certified mail

_____ Service by Sheriff **County** _____

_____ Publication (May not be used unless there are no other means to serve the opposing party properly and an Affidavit of Diligent Inquiry must be filed for service to be permitted by publication.)

_____ Acknowledgment

_____ Process Server

Signature – Petitioner/Respondent

IN THE COURTS FOR CLARK COUNTY
STATE OF INDIANA

IN RE THE MARRIAGE OF:

PETITIONER

and

CASE NO. _____

RESPONDENT

SUMMONS

TO RESPONDENT: _____

ADDRESS: _____

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

1. It is suggested that you consult with an attorney of your choice regarding this matter.
2. In the event you do not respond within sixty (60) days of the date hereof, your marriage may be dissolved by Decree of the Court after Final Hearing. In the event that you fail to appear at the Final Hearing, a decision may be made in your absence. It may contain a judgment against you and provisions regarding the custody of your child(ren), support for your child(ren), parenting time (visitation) with your child(ren), distribution of assets, and payment of debts.
3. While a responsive pleading is not required, you may file a response or counter Petition for Dissolution of Marriage prior to the hearing date.

The following manner of service is hereby designated: _____ Certified Mail
_____ Sheriff _____ County
_____ Acknowledgment
_____ Publication (May not be used unless
there are no other means to serve the opposing
party properly.)

Dated _____

CLERK, Clark County Courts

IN THE COURTS FOR CLARK COUNTY

STATE OF INDIANA

IN RE THE MARRIAGE OF:

PETITIONER

and

CASE NO. _____

RESPONDENT

NOTICE OF REQUIREMENT TO ATTEND PARENTING PROGRAM/SEMINAR

You are hereby notified, pursuant to a Standing Order of the Court as follows:

A standing order of the Clark County Courts requires both parties in any cause of action for Dissolution of Marriage, in which there is a minor child under 20 years of age, to attend a parenting seminar/program (unless a party has attended a program within two (2) years).

Your failure to attend the seminar/program could result in your being held in contempt of court.

Parties can choose one class for seminar, below is a list of the accepted programs:

<u>Our Place Drug and Alcohol Education Services, Inc.</u> Families in Transition, Divorce Parenting Classes www.ourplaceinc.org 400 East Spring street, New Albany, IN 47150 Registration is required and the cost is \$40.00 Phone: 812-945-3400	<u>Online Parenting Programs</u> www.OnlineParentingPrograms.com cost starting at \$29.00
<u>Online Courses</u> Indiana Co-Parenting Class www.courseforparents.com cost \$25.00	<u>Co-Parenting Class:</u> http://www.uptoparents.org/Default.aspx

Please schedule your class immediately so it can be completed within the 60-day waiting period.

Class should be completed prior to Mediation or Final Hearing. In order to be compliant, please file your Certificate of Completion with the Clerk of the Courts (don't forget to include your case number on the Certificate).

Clerk, Clark Circuit Courts

Distribution: _____

IN THE COURTS FOR CLARK COUNTY
STATE OF INDIANA

IN RE THE MARRIAGE OF:

PETITIONER

and

CASE NO. _____

RESPONDENT

**NOTICE OF MANDATORY MEDIATION IN PRO-SE
DIVORCE CASES WITH MINOR CHILDREN**

In all pro-se domestic relations cases with children, the parties shall be referred to mediation under the Courts' Alternative Dispute Resolution Fund (ADR).

A pro-se litigant shall not be qualified for mediation under the ADR plan if the litigant is currently charged with or has been convicted of a crime under Indiana Code 35-42 (offenses against the person) or if there is currently a Protective Order in place.

Please contact the ADR Coordinator, at 812-285-6303 or email her at adr@clarkcounty.in.gov. If you email her, please put your case number in the subject line and leave a call back number in the body of the email.

INFORMATION SHEET

CASE # _____

Petitioner

Name

Phone Number

DOB

Gender

Address

City/State/Zip

Email Address

Annual Gross Income

Respondent

Name

Phone Number

DOB

Gender

Address

City/State/Zip

Email Address

Annual Gross Income

Children's Information

Name

DOB

Name

DOB

Name

DOB

IN THE COURTS FOR CLARK COUNTY
STATE OF INDIANA

IN RE THE MARRIAGE OF:

_____,
PETITIONER

and CASE NO. _____

_____,
RESPONDENT

**NOTICE OF REQUIREMENT FOR BOTH PARTIES TO FILE A VERIFIED FINANCIAL
DISCLOSURE STATEMENT**

YOU ARE HEREBY NOTIFIED THAT YOU MUST SUBMIT YOUR **VERIFIED FINANCIAL DISCLOSURE STATEMENT** WITH THE OPPOSING PARTY WITHIN 45 DAYS OF THE FILING DATE OF THIS CASE.

- **Requirement** – In all contested dissolution, separation, and paternity actions each party shall prepare and exchange within forty-five (45) days of the filing of the action, a Verified Financial Disclosure Statement in such form consistent with that set forth in the Appendix to these Local Family Rules of Practice. For good cause, the time limit may be extended or shortened. At the time of the filing of the action, the moving party shall serve a Notice upon the opposing party of the requirement to exchange a Verified Financial Disclosure Statement. Such Notice shall be in such form consistent with that set forth in the Appendix to these Local Family Rules of Practice.
- **Exceptions** – The Verified Financial Disclosure Statement need not be exchanged if the parties agree in writing within thirty (30) days of the initial filing to waive exchange, or the proceedings is uncontested, or the proceeding is one in which service is by publication and there is no response.
- **Mandatory Discovery** – The exchange of the Verified Financial Disclosure Statement constitutes mandatory discovery, therefore, the Indiana Trial Rule of Procedures, Trial Rule 37 sanctions apply. Additionally, pursuant to Trial Rule 26E (2) and (3) the Statement shall be supplemented if additional material becomes available.
- **Statement Considered Confidential** – When a Verified Financial Disclosure Statement is filed with the court, it shall be sealed and designated “**Confidential**”.

IN THE COURTS FOR CLARK COUNTY

STATE OF INDIANA

IN RE THE MARRIAGE OF

PETITIONER

CASE NO _____

AND

RESPONDENT

VERIFIED FINANCIAL DISCLOSURE STATEMENT

NOTICE

YOU ARE HEREBY NOTIFIED THAT YOU MUST SUBMIT YOUR **VERIFIED FINANCIAL DISCLOSURE STATEMENT** WITH THE OPPOSING PARTY WITHIN 45 DAYS OF THE FILING DATE OF THIS CASE.

PRELIMINARY INFORMATION

Your Full Name:			
Your Address:			
Your DOB:			
Your SS#:			
Date of Marriage:			
Date of Physical Separation:			
Spouse's Name:			
Spouse's SS#:			
Spouse's DOB:			
Children: Name	Social Security #	Age	Date of Birth

YOU MUST ATTACH COPIES OF:

1. Your two (2) most recent paycheck stubs.
2. Your last Federal Income Tax Return including all schedules

INCOME INFORMATION

YOUR EMPLOYMENT

Current Employer:				
Address of Employer:				
Medical Insurance:	Cost each month to you		Who is covered?	
Length of Employment:				
Job Description:				
Gross Income:	Per week	Bi-weekly	Per month	Year
Net Income:	Per week	Bi-weekly	Per month	Year

YOUR EMPLOYMENT HISTORY FOR LAST FIVE (5) YEARS

EMPLOYER	DATES OF EMPLOYMENT	COMPENSATION (per wk/month/year)

OTHER INCOME

List other sources of income; including but not limited to Dividends, Earned Interest, Rents, Public Assistance (AFDC), Social Security, Worker’s Compensation, Child Support from prior marriage, Military or Other Retirement, Unemployment Compensation, etc.

SOURCE	AMOUNTS RECEIVED	REASON FOR ENTITLEMENT

FRINGE BENEFITS (Including but not limited to Company, Automobile, Health Insurance, Club Memberships, etc.)

TYPE OF BENEFIT	ANNUAL VALUE

PROPERTY

MARITAL RESIDENCE (If owned)

Location/Address:	
Date Purchased:	
Purchase Price:	\$
Down Payment:	\$
Source of Down Payment:	
Current Mortgage(s) Balance:	\$
Monthly Payment:	\$
Current Fair Market Value:	\$
1 st Mortgage Payable To:	
2 nd Mortgage Payable To:	
Are Taxes Included in Mortgage?	
Is Insurance Included in Mortgage?	

OTHER REAL PROPERTY OWNED (This may include cemetery plots, undeveloped lots on lakes, etc.)

Location/Address:	
Date Purchased:	
Purchase Price:	\$
Down Payment:	\$
Source of Down Payment:	
Current Mortgage(s) Balance:	\$
Monthly Payment:	\$
Current Fair Market Value:	\$
1 st Mortgage Payable To:	
2 nd Mortgage Payable To:	
Are Taxes Included in Mortgage?	
Is Insurance Included in Mortgage?	

VEHICLES (Automobiles, Boats, Motorcycles, Tractors, Trucks, etc.)

MAKE/MODEL OF VEHICLE	DATE ACQUIRED	PURCHASE PRICE	TITLED IN WHOSE NAME	WHO DRIVES	CURRENT VALUE
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$

OTHER PERSONAL PROPERTY (Household furnishings, jewelry, tools, lawn furnishings, guns, collections, etc. Please list items separately [attach additional pages if necessary])

DESCRIPTION	DATE ACQUIRED	PURCHASE PRICE	BALANCE OWED	PAYMENT AMOUNT	CURRENT VALUE	IF YOU WANT TO RETAIN
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	

[illegible]

BANK OR CREDIT UNION (SAVINGS, CHECKING, MONEY MARKET, CD) TO WHICH YOU AND/OR SPOUSE HAVE/HAD A DIRECT OR INDIRECT INTEREST WITHIN THE LAST YEAR (This includes any bank account to which you or your spouse has deposited money) (FOR BOTH HUSBAND AND WIFE ACCOUNTS)

NAME OF BANK	WHOSE NAME IS ON THE ACCOUNT	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE ON DATE OF SEPARATION	CURRENT BALANCE
				\$	\$
				\$	\$
				\$	\$
				\$	\$

STOCKS, BONDS AND MUTUAL FUNDS

NAME OF STOCK OR FUND	WHOSE NAME IS ON THE ACCOUNT	DATE PURCHASED	NUMBER OF SHARES	CURRENT PRICE PER SHARE	CURRENT VALUE
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

INSURANCE POLICIES

NAME OF COMPANY	POLICY NUMBER	POLICY HOLDER NAME	NAME OF BENEFICIARY	FACE VALUE	CASH VALUE
				\$	\$
				\$	\$
				\$	\$

(If you don't know, call your agent)

RETIREMENT BENEFITS, 401K, IRA, KEOGH, PENSION, ETC.

NAME OF COMPANY	TYPE OF ACCOUNT	ACCOUNT NUMBER	VALUE	IS OWNER YOU OR SPOUSE
			\$	
			\$	
			\$	
			\$	

INTEREST IN BUSINESS

NAME OF BUSINESS	TYPE (Corp., Partner, Sole Owner)	% (Percent) OWNED	ESTIMATED VALUE
			\$
			\$
			\$

DEBTS

DEBTS (including but not limited to Mortgages, Charge Cards, Loans, Medical Bills, Credit Union, etc.; attach separate list, if necessary)

NAME OF CREDITOR	MONTHLY PAYMENT AMOUNT	CURRENT BALANCE	(H) HUSBAND (W) WIFE (J) JOINT
1 ST MORTGAGE NAME:	\$	\$	
2 ND MORTGAGE NAME:	\$	\$	
AUTO (MODEL):	\$	\$	
AUTO (MODEL):	\$	\$	
CREDIT CARD:	\$	\$	
CREDIT CARD:	\$	\$	
CREDIT CARD:	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
TOTAL	\$	\$	

**YOUR ASSETS OWNED PRIOR TO OR RECEIVED DURING THE
MARRIAGE THROUGH INHERITANCE OR GIFT**
(Whether now owned or not) (Show significant assets only)

ASSETS OWNED BY YOU PRIOR TO THE MARRIAGE

DESCRIPTION OF ASSET	VALUE AT TIME OF MARRIAGE	BALANCE OF ANY DEBT AT TIME OF MARRIAGE	VALUE NOW
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

ASSETS RECEIVED BY YOU DURING THE MARRIAGE BY GIFT OR INHERITANCE

DESCRIPTION	CURRENT VALUATION	RECEIVED FROM
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

SUMMARY OF ASSETS AND DEBTS

ASSET	VALUE
HOME	\$
OTHER REAL ESTATE	\$
OTHER REAL ESTATE	\$
VEHICLE	\$
VEHICLE	\$
VEHICLE	\$
OTHER PERSONAL PROPERTY	\$
BANK ACCOUNTS	\$
STOCKS, MUTUAL FUNDS	\$
INSURANCE – CASH VALUE	\$
RETIREMENT	\$
BUSINESS INTEREST	\$
OTHER	\$
TOTAL	\$

DEBTS	BALANCE DUE
MORTGAGE(S) ON HOME	\$
MORTGAGE(S) ON OTHER REAL ESTATE	\$
CAR LOAN	\$
CAR LOAN	\$
CREDIT CARDS	\$
MEDICAL BILLS	\$
GENERAL CREDITORS	\$
NOTE LOANS	\$
OTHER DEBTS	\$
TOTAL	\$

TOTAL NET WORTH (ASSETS MINUS DEBTS)	\$
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VERIFICATION & DUTY TO SUPPLEMENT OR AMEND

I affirm, under penalties for perjury, that the foregoing representations are true to the best of my knowledge and belief. Further, I understand that I am under a duty to supplement or amend this **Verified Financial Disclosure Statement** prior to trial if I learn that the information which has been provided is either incorrect or that information provided is no longer true.

SO DECLARED this _____ day of _____, 20_____.

Signature

CERTIFICATE OF SERVICE

I hereby certify that a true and accurate copy of the foregoing **Verified Financial Disclosure Statement** was delivered to the opposing party or his/her attorney of record, as set forth below, either in person or by U.S. mail postage paid this _____ day of _____, 20_____:

Signature of Counsel or Pro Se Individual