

Form Number 2

STATE OF INDIANA

IN THE JOHNSON SUPERIOR COURT 2

COUNTY OF JOHNSON

) SS:

CASE NO. \_\_\_\_\_

IN RE THE MARRIAGE OF:

Petitioner,

v.

Respondent.

**VERIFIED MOTION FOR MODIFICATION  
REGARDING PARENTING TIME (VISITATION)**

Comes now \_\_\_\_\_, pro se, and states the following:

1. That parties have \_\_\_\_\_ minor child (ren) together, namely:

NAME

DATE OF BIRTH

_____	_____
_____	_____
_____	_____
_____	_____

2. That on \_\_\_\_\_, this Court entered the current Parenting Time (Visitation) order in this case (a copy is attached to this Motion as an exhibit);

3. That \_\_\_\_\_ was awarded custody of the child(ren);

4. That \_\_\_\_\_ was awarded Parenting Time (Visitation) rights;

5. That since the date of such order, \_\_\_\_\_ is requesting a modification of the above order:

\_\_\_\_\_  
\_\_\_\_\_

6. That a hearing should be set to hear the issue contained herein.

WHEREFORE, \_\_\_\_\_ requests that this Court set this matter for hearing on Modification of Parenting Time (Visitation).

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print your name



53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65  
66  
67  
68  
69  
70  
71

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
Town, State and Zip Code

\_\_\_\_\_  
Telephone number, with area code

CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of this Petition by first class mail to the opposing attorney, or the opposing party if the opposing party is not represented by an attorney, on \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print your name

DISTRIBUTION:

Petitioner:

---

Address:

---

---

---

Phone number:

---

Email address:

---

Respondent:

---

Address:

---

---

---

Phone number:

---

Email address:

---