STATE OF INDIANA ) IN THE **[County; Circuit or Superior]** COURT

) SS:

COUNTY OF **[County Name]** ) 2023 TERM

IN RE THE MARRIAGE OF: )

) CAUSE NO.

**[Your legal name]**  )

Petitioner )

)

and )

)

**[Spouse’s Name]** )

Respondent )

 **VERIFIED PETITION FOR DISSOLUTION OF MARRIAGE**

Petitioner, **[Your Name]**, being first duly sworn upon **[his or her]** oath, says:

1. **[She or he]** is the spouse of Respondent, **[Spouse’s legal name]**.

2. **[She or he]** resides at **[your address]**. **[She or he]** has been a resident of **[Name of County in which reside and are filing]** County, Indiana for more than three (3) months continuously prior to the filing of this Petition and a resident of the State of Indiana for more than six (6) months continuously prior to the filing of this petition. Therefore, the requirements outlined in Indiana Code § 31-15-2-6 are satisfied.

3. **[She or he]** and Respondent were married on **[Date of Marriage]**, and separated on or about **[Date of separation]**.

4. The parties have **[number of children together]** children together, namely: **[Full Name of Child 1]**, whose date of birth of **[Child’s date of birth]**; and **[Name of Child 2]**, whose date of birth is **[Child 2’s date of birth]**.

5. The marriage of the parties is irretrievably broken.

WHEREFORE, your Petitioner prays for the following relief:

1. A Decree of Dissolution of Marriage be entered dissolving the bonds of matrimony presently existing between the parties.
2. That the Court enter appropriate orders on custody, parenting time, and child support of the parties’ minor children.

C. That the Court make an equitable division of the property and the debts of the parties.

D. For such other and further relief in the premises as this Court shall deem just and proper.

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

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

 **[Typed name of Petitioner 1]**

STATE OF INDIANA )

)SS

COUNTY OF **[County Name]** )

Subscribed and affirmed before me this day of

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2023.

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

Notary Public

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

My Commission Expires: Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resident of \_\_\_\_\_\_\_\_\_\_\_ County