

**TELEPHONIC HEARING ORDER
AND
WAIVER OF PERSONAL APPEARANCE**

If you have a hearing scheduled in the IV-D Court, and there are circumstances beyond your control which make it a hardship, for example: (sickness, financial constraints, you live in another State...etc), for you to personally appear, a Motion may be filed with the Court for consideration by the Commissioner to waive your personal appearance and permit you to appear telephonically.

The attached Motion for Telephonic Hearing and Waiver of Personal Appearance is the acceptable form which may be submitted to this Court for consideration of a telephonic hearing:

**GUIDELINES FOR THE FILING OF A MOTION FOR TELEPHONIC HEARING AND
WAIVER OF PERSONAL APPEARANCE.**

1. The Motion must be filed and received by the Court thirty (30) days **PRIOR** to your scheduled hearing date. The completed Motion should be mailed to the following address: Porter Circuit Court, IV-D Division, Juvenile Services Center, 1660 State Road 2, Valparaiso, IN 46383.

You must also provide your current address and phone number to the Court when submitting your Motion.

2. You will need to provide documentation that may explain your reasons for your inability to appear in person. Examples: emergency surgery, financial hardship, work schedule conflicts...etc.
3. Upon submitting the Motion to the Court, you must also provide a copy of the Motion to all parties involved in this matter. This includes the IV-D Prosecutor, the opposing party (father or mother) and the guardian if applicable in your situation.
4. Submitting the Motion to the Court does not automatically mean your request for a telephonic hearing will be granted. You will be notified by mail of the Court's decision within seven (7) days of your filing date.

SHOULD YOUR REQUEST BE DENIED BY THE COURT, YOU MUST PERSONALLY APPEAR. FAILURE TO APPEAR MAY RESULT IN A BENCH WARRANT OR A DEFAULT JUDGMENT BEING ISSUED.

YOUR RIGHTS AND RESPONSIBILITIES

This Form DOES NOT explain the law and may not provide all of the information necessary for a Court to reach a decision. Users have permission to use the form and information presented here, however, the form should not be used to engage in any unlawful purpose.

The Court assumes no responsibilities and accepts no liability for actions taken by use of this document, including reliance on their contents. All Forms are under continual revision. If you are not using these forms right away, or, if you plan to use them repeatedly, we strongly recommend that you check in on a regular basis to make sure that the files you are using are the most current.

It is very important for you to know that when you sign a court document, you provide information to the court that may help or hurt your case. Before you sign any court document or get involved with a court case, it is strongly suggested that you talk with a lawyer to make sure you know your rights and all of your legal options. If you choose to represent yourself you must be prepared. Although this form has been prepared to help you represent yourself, you should know that certain courts have their own procedures and may not accept this form.

STATE OF INDIANA)
) SS
PORTER COUNTY)

IN THE PORTER JUVENILE COURT
CASE NO.

IN RE THE MATTER OF:

Petitioner
vs.
Respondent

**MOTION FOR TELEPHONIC HEARING AND
WAIVER OF PERSONAL APPEARANCE**

Comes now, _____, and states the following:

1. This matter is currently scheduled for hearing on the ____ day of _____,
20____ at _____ a.m/p.m.

2. I request that I be permitted to testify by telephone.

3. I am making this request for the following reasons as designated below:

a. It would be an undue hardship for me to testify at the Court where the case is scheduled to be heard for the following reasons:

YOU WILL BE REQUIRED TO PROVIDE DOCUMENTATION .

Please attach any documents that may explain your reasons for your inability to appear in person; i.e., emergency surgery, financial hardship....etc.

b. I am presently incarcerated. (Please provide the name and the address of the facility) below:

In submitting this Request for Telephonic Hearing and Waiver of Personal Appearance, I understand the following:

1. That I must confirm final arrangements with this Court by calling telephone number: (219) 465-3630 and providing a valid phone number no later than seven (7) days before my scheduled hearing date.

2. I understand that this request for Telephonic Hearing must be presented to the Court no less than (30) thirty days before the scheduled hearing date.

3. I understand that I must forward, ten (10) days prior to my scheduled hearing date, any and all copies of financial documentation to the IV-D prosecutor's office that may have previously been requested.

WHEREFORE, I respectfully request that this hearing be held telephonically and for a Waiver of my Personal Appearance, and for all just and proper relief. I affirm under the penalties of perjury that the foregoing representations are true.

Signature

Certificate of Service

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

Signature