

STATE OF INDIANA )  
 )SS:  
COUNTY OF WHITLEY )

IN THE WHITLEY CIRCUIT/SUPERIOR COURT  
CAUSE NO. 92C/D01- - -

IN RE: )  
 )  
 )  
\_\_\_\_\_, )  
Custodial/Non-Custodial Party )  
 )  
and )  
 )  
 )  
\_\_\_\_\_, )  
Custodial/Non-Custodial Party )

CUSTODIAL PARTY WAIVER

The undersigned hereby requests that the Whitley County Prosecutor's Child Support Office review her/his child support rights. In making this request, the undersigned waives any and all right to financial information requested by such Child Support Office and agrees to provide said information to the Child Support Office. The undersigned understands and acknowledges that the Child Support Office is not her/his attorney and the undersigned, by requesting a review of her/his child support rights, is not entering into an attorney/client relationship with any attorney within the Child Support Office or the Whitley County Prosecutor's Office. The undersigned acknowledges that any review of her/his child support rights may result in either an increase or decrease in her/his child support rights and that the financial information provided by the undersigned to the Child Support Office may be used against her/his for the purposes of establishing an increase in the undersigned's child support rights or any other purpose. The undersigned further waives any and all right to her/his financial information being provided to an attorney of record, while enrolled in the Title IV-D Program, for the purpose of establishing or modifying her/his child support obligations.

NOTICE: I HAVE READ THE ABOVE AND FULLY UNDERSTAND AND ACKNOWLEDGE THE SAME AND AGREE THERETO. THIS FORM IS A WAIVER FORM AND SHOULD BE SIGNED ONLY AFTER READING. YOUR SIGNATURE VERIFIES THAT YOU HAVE READ AND UNDERSTAND THE CONTENTS OF THIS FORM.

\_\_\_\_\_  
Custodial Party

Dated this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.