

STATE OF INDIANA )  
 )  
COUNTY OF GIBSON )

SS:

IN THE GIBSON SUPERIOR/CIRCUIT COURT  
ANNUAL TERM

IN RE: THE MARRIAGE OF

\_\_\_\_\_  
Petitioner

AND

CAUSE No.: \_\_\_\_\_

\_\_\_\_\_  
Respondent

**PETITION FOR DISSOLUTION OF MARRIAGE**

COMES NOW, the Petitioner, \_\_\_\_\_ and states and alleges as follows. (Name)

1. Petitioner resides in the County of \_\_\_\_\_, State of \_\_\_\_\_ where he/she has resided there for \_\_\_\_\_ months/years.
2. Respondent resides in the County of \_\_\_\_\_, State of \_\_\_\_\_ where he/she has resided there for \_\_\_\_\_ months/years.
3. We were married in \_\_\_\_\_ on \_\_\_\_\_ and we separated on \_\_\_\_\_.
4. The marriage is irretrievably broken and there is no reasonable possibility of a reconciliation.
5. The names, ages and addresses of any living children less than twenty-one (21) years of age and any incapacitated children of the marriage are

<u>Name</u>	<u>Age</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. The petitioner/respondent is is not (circle one) pregnant.
7. We have accumulated property during the term of our marriage.

8. The Petitioner seeks a Decree of Dissolution of Marriage with other Orders of the Court as appropriate.

\_\_\_\_\_  
PETITIONER

\_\_\_\_\_  
RESPONDENT

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP CODE

\_\_\_\_\_  
CITY, STATE, ZIP CODE

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email

\_\_\_\_\_  
Email

STATE OF INDIANA

COUNTY OF \_\_\_\_\_

\_\_\_\_\_, being first duly sworn upon \_\_\_\_\_ oath,  
deposes and states that \_\_\_\_\_ has read the above and foregoing Petition for Dissolution of  
Marriage and affirms that the matters and facts therein set forth are true and correct to the best of  
\_\_\_\_\_ knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SUBSCRIBED AND SWORN** to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

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

My Commission Expires: \_\_\_\_\_