



**MARK A. M<sup>c</sup>CANN**  
**PROSECUTING ATTORNEY**  
**HOWARD COUNTY, INDIANA**  
**62<sup>ND</sup> JUDICIAL CIRCUIT**

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AGREEMENT OF RESPONSIBILITIES

I, \_\_\_\_\_, have read through and understand completely the points listed below. By signing this document, I agree to the guidelines and structures of the Child Support Division.

- ❖ I understand and agree that the Prosecuting Attorney and staff are not my private counsel.
- ❖ I understand and agree that the Prosecuting Attorney and staff work on behalf of the State of Indiana for and in the best interest of my child(ren).
- ❖ I understand and agree that I cannot request closure of this case if it was opened for the purpose of establishing paternity and/or establishing a support order, until after a court order is in place.
- ❖ I understand that if a Paternity Affidavit has already been executed, the Prosecuting Attorney's office may oppose any Genetic Test request to the Court.
- ❖ I understand and agree that the Prosecuting Attorney and staff will have sole decision-making powers in regards to enforcement actions on my case.
- ❖ I understand that I reserve the right to hire a private attorney at any time to enforce my child support case.
- ❖ I understand and agree that if I behave inappropriately (for example: using obscenities, shouting or continually using a loud voice, making rude comments or threats, etc.) the Prosecuting Attorney's Office reserves the right to limit my communication options with the office; close my case; and file criminal charges where suitable.
- ❖ I understand and agree that it is my responsibility to provide all necessary information requested by the IV-D Office or my child support case will be closed.
- ❖ I understand and agree that I must update the Child Support Division within 48 hours of any change of address, employment, or custody.
- ❖ I understand and agree that I must appear upon notice to the Child Support Office, court, and/or genetic test lab.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date