Marion Circuit Court

STATE OF INDIANA)	IN THE MARION CIRCUIT COURT PATERNITY DIVISION, TITLE IV-D
) SS:	CAUSE NO.
COUNTY OF MARION)	CAUSE NO.
IN THE MATTER OF THE PATERNITY OF)
PROMISE N. SCALES)
)
PROMISE N. SCALES,)
By Next Friend: STATE OF INDIANA,)
STATE OF INDIANA,)
Co-Petitioners,)
Co-Feutioners,)
DODOTIN'N COLLEG)
DOROTHY N. SCALES)
)
VS.)
)
VERNON T. BATEMAN,)
BY GUARDIAN:)
Respondent,)
-)
State of Indiana, Intervenor)

VERIFIED PETITION TO ESTABLISH PATERNITY OF CHILD AND PROVIDE SUPPORT

Comes now PROMISE N. SCALES, by Next Friend State of Indiana, in person, and says:

- 1. This action is filed by PROMISE N. SCALES by Next Friend and Co-Petitioner Marion County Prosecutor's Office (State of Indiana, Title IV-D) pursuant to I.C. 31-14-4-1 et seq.
- 2. DOROTHY N. SCALES is the child's mother.
- 3. DOROTHY N. SCALES has not retained private counsel in this matter and receives Title IV-D services through the Prosecuting Attorney of the Nineteenth Judicial Circuit, Marion County, Indiana, pursuant to IC 31-25-4-17 and 42 U.S.C. 651 et seq.
- 4. PROMISE N. SCALES was conceived out-of-wedlock on or about May 2008 in the County of Hamilton, State of IN.
- 5. PROMISE N. SCALES was born out-of-wedlock on February 14, 2009 at Ascension St. Vincent Hospital, in the County of Hamilton, State of IN.
- 6. At the time of conception and birth, DOROTHY N. SCALES was unmarried.
- 7. DOROTHY N. SCALES was born on January 08, 1980 in Cook County, IL.
- 8. VERNON T. BATEMAN is the father of said child.
- 9. VERNON T. BATEMAN was born on January 08, 1980 in Lake County, IN.
- 10. The child of this action requires, and has required, care and support.
- 11. DOROTHY N. SCALES has provided information to the State that forms the basis of this petition.

WHEREFORE, child PROMISE N. SCALES, by Next Friend, and Co-Petitioner State of Indiana pray that this Court set this matter for hearing in order to adjudicate the matter of the child's paternity and issue orders related to the child's surname, current and past-due child support, medical support (including allocation of uninsured medical expenses), reimbursement for genetic tests as may be ordered, the dependency exemption, and all other relief just and proper in the premises.

VERIFICATION AND SUBMISSION

I respectfully submit the foregoing and affirm, under the penalties for perjury, that the foregoing representations are true.

<u>/s/ MARTHA M. MCDERMOTT</u> Martha M. McDermott, #18800-49 DEPUTY PROSECUTING ATTORNEY FOR THE STATE OF INDIANA

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing was served upon Petitioner and Respondent at their last known address by first class U.S. mail, postage pre-paid and/or by special process server, or by e-service, where possible, on or about the date of filing. Service upon counsel of record was obtained by e-service in accordance with Ind. Trial Rule 86 on or about the date of filing.

<u>/s/ MARTHA M. MCDERMOTT</u> Martha M. McDermott, #18800-49 DEPUTY PROSECUTING ATTORNEY FOR THE STATE OF INDIANA

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