

STATE OF INDIANA)
) SS:
COUNTY OF SULLIVAN)

TITLE IV-D WAIVER

The undersigned custodial parent acknowledges that the Sullivan County Prosecutor's Office is an agent of the State of Indiana and the State of Indiana Family and Social Services Administration, Sullivan County Division of Family and Children, and cannot serve as a private attorney to custodial parents. The Prosecuting Attorney's Office function is to protect and promote the interests of the State at large and the best interests of children in particular, and these interests may conflict at times with the interests of a custodial parent.

Pursuant to Title IV-D of the Social Security Act, the Office of the Sullivan County Prosecuting Attorney provides four basic services:

1. The location of absent parents.
2. The establishment of paternity and support orders.
3. The enforcement of support orders.

The Prosecutor's Office does not provide representation with regard to the issues of visitation, custody and property settlement. In fact, pursuant to the mandate of Title IV-D, the office is not allowed to become involved in such matters of custody, visitation, or property settlement. You should consult with a private attorney or legal aid concerning those issues.

The undersigned acknowledges that they are not entering into an attorney-client relationship with any attorney in the Office of the Sullivan County Prosecuting Attorney. Accordingly, any confidential information provided to this office is not information protected by an attorney-client relationship. Therefore, information provided to the Office of the Prosecuting Attorney may be used by the Office in the prosecution of criminal offenses or civil violations without regard for source of the information. The undersigned acknowledges that their involvement in the Title IV-D Child Support Program does not protect them from prosecution for any criminal offense or civil infraction.

NOTE: THIS FORM IS A WAIVER OF LEGAL RIGHTS AND SHOULD BE SIGNED ONLY AFTER BEING READ CAREFULLY. YOUR SIGNATURE VERIFIES THAT YOU HAVE READ AND UNDERSTAND THE CONTENTS OF THIS FORM.

I have read the above and fully understand the contents of this waiver and consent to its terms.

Petitioner's Signature

Date