

IN THE COURT OF COMMON PLEAS OF JEFFERSON COUNTY, OHIO
JUVENILE DIVISION

In the matter of:

(Minor child's name)

(Minor child's date of birth)

(Parent 1 name)

(Parent 1 address)

(Parent 1 telephone)

(Parent 2 name)

(Parent 2 address)

(Parent 2 telephone)

**MOTION/PETITION FOR
ALLOCATION OR REALLOCATION OF
PARENTAL RIGHTS AND
RESPONSIBILITIES**

Case Number: _____

I am requesting the following:

- CUSTODY
- MODIFICATION OF CUSTODY
- AGREED CUSTODY

1. I am _____ to the minor child.
(state your name and relationship to child)
2. Parent 1 of the child is _____.
3. Parent 2 of the child is _____.
4. The legal custodian/guardian of the minor child is: _____.
5. The custody of the child was granted to the legal custodian/parent by: *(List the name, county, state and address of the Court that issued the custody order and attach a copy of said custody order if you have one)*: _____.
6. The minor child is currently residing/living with _____ for the
(name of who child is residing with)
following reasons: _____

_____.

7. It is in the best interest of the child that I be granted custody or modification of custody for the following reasons (*please give specific details*): _____

_____.

8. The child
a.) **IS** a ward of another Court in Ohio or any other State. If so, please state which Court and where Court is located: _____
b.) **IS NOT** a ward of another Court in Ohio or any other State.

9. the parents of the child **ARE** **ARE NOT** divorced. If divorced, please state the Court's name and address, and that Court's case number: _____

_____.

Wherefore, I hereby request that I be named residential parent and sole custodian of the above minor child.
A hearing is requested to enable me to establish these factors as true.

Respectfully submitted,

Signature of petitioner (person wanting custody)

Address

City, State, Zip Code

Telephone number

Sworn to and subscribed before me this _____ day of _____, 20____.

NOTARY PUBLIC

My Commission expires _____

INSTRUCTIONS FOR SERVICE

TO THE CLERK OF TRHE JUVENILE COURT:

Please serve (*list all parties involved*): _____

at the following address _____

_____ a copy of the motion and notice of hearing by CERTIFIED MAIL, RETURN RECEIPT REQUESTED. Should service fail, please notify me so a better address may be found.

Thank you.

Signature of Petitioner (person wanting custody)

Please serve (*list all parties involved*): _____

at the following address _____

_____ a copy of the motion and notice of hearing by CERTIFIED MAIL, RETURN RECEIPT REQUESTED. Should service fail, please notify me so a better address may be found.

Thank you.

Signature of Petitioner (person wanting custody)

IN THE COURT OF COMMON PLEAS OF JEFFERSON COUNTY, OHIO
JUVENILE DIVISION

In the matter of:

**INFORMATION FOR PARENTING
PROCEEDING AFFIDAVIT
(R.C. 3127.33 (A))**

_____ (Minor child's name)

Case Number: _____

NOTE: By law, this affidavit **must** be filed and served with the first pleading filed by each party in every parenting (custody/parenting time" proceeding in this Court, including a Petition for a Domestic Violence Civil Protection Order. Each party has a continuing duty while this case is pending to inform the Court of any parenting proceeding concerning the child(ren) in any other court in this or any other state. **If more space is needed, attach an additional page.**

I (full legal name) _____, being sworn according to law, certify these cases involve the custody of a child or children and the following statements are true:

1. I am requesting the court not to disclose my current address or that of the child(ren). My address is confidential pursuant to R.C. 3127.23 (D) and should be placed under seal in that the health, safety, or liberty of myself and/or the child(ren) would be jeopardized by the disclosure of the identifying information.
2. _____ Minor Child(ren) are subject to this case as follows: (Insert the information requested below. The residence information must be given for the last **FIVE** years.)

a. Child's Name:	Place of birth:	Date of birth:	Sex:
Period of Residence	<input type="checkbox"/> Address Confidential	Person child lived with (name and address)	Relationship
_____ to Present	<input type="checkbox"/> Address Confidential		
_____ to _____	<input type="checkbox"/> Address Confidential		
_____ to _____	<input type="checkbox"/> Address Confidential		
_____ to _____	<input type="checkbox"/> Address Confidential		
_____ to _____	<input type="checkbox"/> Address Confidential		

b. Child's Name:	Place of birth:	Date of birth:	Sex:
Period of Residence	<input type="checkbox"/> Address Confidential	Person child lived with (name and address)	Relationship
_____ to Present	<input type="checkbox"/> Address Confidential		
_____ to _____	<input type="checkbox"/> Address Confidential		
_____ to _____	<input type="checkbox"/> Address Confidential		
_____ to _____	<input type="checkbox"/> Address Confidential		
_____ to _____	<input type="checkbox"/> Address Confidential		

c. Child's Name:	Place of birth:	Date of birth:	Sex:
Period of Residence	<input type="checkbox"/> Address Confidential	Person child lived with (name and address)	Relationship
_____ to Present	<input type="checkbox"/> Address Confidential		
_____ to _____	<input type="checkbox"/> Address Confidential		
_____ to _____	<input type="checkbox"/> Address Confidential		
_____ to _____	<input type="checkbox"/> Address Confidential		
_____ to _____	<input type="checkbox"/> Address Confidential		

d. Additional children are listed on Attachment. Provide requested information for additional children on attachment page.

3. Participation in custody case(s): (one only)

I HAVE NOT participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of, or parenting time with, any child subject to this case.

I HAVE participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of, or parenting time with, any child subject to this case.

EXPLAIN:

a. Name of each child: _____

b. Type of case: _____

c. Court and State: _____

d. Date and court order or judgment (if any): _____

4. Information about custody case(s): (only one)

I HAVE NO INFORMATION of any cases that could affect the current case, any cases relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning any child subject to this case.

I HAVE THE FOLLOWING INFORMATION concerning cases that could affect the current case, including any cases relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning the child subject to this case, other than listed in Paragraph 3.

EXPLAIN:

e. Name of each child: _____

f. Type of case: _____

g. Court and State: _____

h. Date and court order or judgment (if any): _____

5. List all criminal convictions including guilty pleas for you and the members of your household for the following offenses: any criminal offense involving acts that resulted in a child being abused or neglected; any offense that is a violation of R.C. 2919.25; any sexually oriented offenses as defined in R.C. 2950.01; and any offense involving a victim who was a family or household member at the time of the offense and caused physical harm to the victim during the commission of the offense.

NAME	CASE NUMBER	COURT/STATE/COUNTY	CHARGE

6. Persons not a party to this case: (only one):

or **I DO NOT KNOW OF ANY PERSON** not a party to this case who has physical custody claims to have custody or parenting rights with respect to any child subject to this case.

I KNOW THAT THE FOLLOWING NAMED PERSON(S) not a party to this case has/have physical custody or claims to have custody or parenting rights with respect to any child subject to this case:

a. Name and address of person: _____

has physical custody claims custody rights claims parenting time

b. Name and address of person: _____

has physical custody claims custody rights claims parenting time

c. Name and address of person: _____

has physical custody claims custody rights claims parenting time

7. I understand that I have a continuing duty to advise this Court of any custody, parenting time, divorce, dissolution of marriage, separation, neglect, abuse, dependency, guardianship, parentage, termination of parental rights, or protection from domestic violence case concerning the child(ren) in this state or any other state about which information is obtained during this case.

OATH OF AFFIANT

I hereby swear or affirm that the answers above are true, complete and accurate to the best of my knowledge. I understand that falsification of this document may result in a contempt of court finding against me which could result in a jail sentence and fine, and that falsification of this document may also subject me to criminal penalties for perjury (O.R.C. 2921.11).

AFFIANT

Sworn to and subscribed before me on this _____ day of _____, _____.

NOTARY PUBLIC

If one or both of the parents and/or the current legal custodian agree to the custody motion, the attached document (WAIVER OF COMPLAINT AND SUMMONS, ADKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT CONSENT TO THE CUSTODY DECREE) needs to be signed. This document needs to be signed by the parent(s), and/or the present legal custodian(s) in front of a notary public and filed with the motion/petition.

IN THE COURT OF COMMONPLEAS, JEFFERSON COUNTY, OHIO
JUVENILE DIVISION

In the Matter of:

(Minor child's name)

Case Number: _____

**WAIVER OF SERVICE OF COMPLAINT AND SUMMONS
ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT
CONSENT TO THE CUSTODY DECREE**

I / We, the undersigned, _____, of the child involved in this case, hereby voluntarily of my / our own free will and accord, waive service of summons and formal notice of hearing, and acknowledge that I / We have received a copy of the Motion/Petition for Custody by the petitioner(s) requesting that my/our child be placed in the petitioner(s) legal care and custody, subject to the continuing jurisdiction of the Court.

Further, I / We the undersigned, _____, of the child, being under no physical or mental disability, and without threat or promises having been made to me / us, I / We hereby voluntarily, of my / our own free will and accord, consent to the Court entering a custody decree, placing the child in the legal care and custody of the petitioner(s).

Signature of Parent 1

Address

City State Zip Code

Telephone Number

Signature of Parent 2

Address

City State Zip Code

Telephone Number

Signature of current legal custodian

Address

City State Zip Code

Telephone Number

Signature of current legal custodian

Address

City State Zip Code

Telephone Number

STATE OF OHIO, COUNTY OF JEFFERSON, SS:

Before me as a notary public came the aforementioned parent(s)/custodian(s) who being first duly cautioned and sworn did sign the foregoing document as the parent(s)/custodian(s) free and voluntary act and deed this _____ day of _____, 20_____.

NOTARY PUBLIC

My Commission expires: _____

APPLICATION FOR CHILD SUPPORT SERVICES
NON-PUBLIC ASSISTANCE APPLICANT

IMPORTANT: If you are receiving ADC or Medicaid, do not complete this application, because you became eligible for child support services when you became eligible to receive ADC or Medicaid.

I, the undersigned, _____, request Child Support Services from the _____
_____ County Child Support Enforcement Agency. I understand and agree to the following conditions:

- A. I am a resident of the County in which services are requested.
- B. Recipients of child support services shall cooperate to the best of their ability with the CSEA. (See attached rights and responsibility information).

The Child Support Enforcement Agency can assist you in providing the following services:

1. Location of Absent Parents.
The agency can assist in finding where an absent parent is currently living, in what city, town or state. The applicant can request "location Services Only", if the sole need is to find the whereabouts of the absent parent.
 2. Establishment or Modification of Child Support and Medical Support.
The CSEA can assist you to obtain an order to support if you are separated, have been deserted or need to establish paternity (fatherhood). The CSEA can also assist you in change in the amount of support orders (modification), and to establish a medical support order.
 3. Enforcement of Existing Orders.
The CSEA can help you collect current and back child support.
 4. Federal and State Income Tax Refund Offset Submittals for the Collection for Child Support Arrearages.
The agency can assist in collecting back support (Arrearages) by intercepting a non-payor's federal and state income tax refunds on some cases.
 5. Withholding of Wages and Unearned Income for the Payment of Court Ordered Support.
The agency can help you get payroll deductions for current and back child support and can intercept unemployment compensation to collect child support.
 6. Establishment of Paternity.
The agency can obtain an order for the establishment of paternity (fatherhood), if you were not married to the father of the child. An absent parent may request paternity services.
 7. Collection and Disbursement of Payments.
The CSEA can collect the child support for you, and send you a check for the amount of the payments received. Back support collected will be paid to you until all of the back support you are owed is paid.
If you received ADC in the past and support was assigned to the state, back support collected will be paid to the state after you receive back support owed to you.
 8. Interstate Collection of Child Support.
The agency can assist you in collecting support if the payor is living in another state or in some foreign countries.
- C. The only fee you can be charges for services is a one dollar application fee. Some counties pay this fee for the applicants.
 - D. In providing IV-D services, the CSEA and any of its contracted agents (e.g. prosecutors, attorneys, hearing officers, etc.) represent the best interest of the children of the State of Ohio and do not represent any IV-D recipient or the IV-D recipient's personal interest.

APPLICANT INFORMATION (INFORMATION ABOUT YOU)	
Name	Date of Birth
	Current Marital Status (Check One) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Deserted <input type="checkbox"/> Widowed

Type(s) of Service(s) Requested: All services listed _____ Location of Absent Parent Only _____
Other (please explain) _____

I understand the Child Support Agency - within 20 days of receiving this application will contact me by a written notice to inform me if my case has been accepted for child support services (IV-D Services).

Signature of Applicant

Date

Applicant's Name (Last, First, Middle)	Telephone Number (Home)
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Address (Street/Route, P.O. Box)	(Work)
City, State, Zip Code	

INFORMATION OF CHILDREN

	Child 1	Child 2	Child 3	Child 4
a. Name				
b. Sex				
c. Date of Birth				
d. Name(s) of Absent Parent				
e. Has Paternity (Fatherhood) been Established?				
f. Is There an Order for Support (Yes or No)				

ABSENT PARENT INFORMATION OR PARENT ORDERED TO PAY CHLD SUPPORT

	Absent Parent #1	Absent Parent #2	Absent Parent #3
Name			
Address, City, State, Zip Code			
Date of Birth			
Name of Employer			
Address of Employer, City, State, Zip Code			
Amount of Support Ordered			
Date of Support Order			
Location Where Order Was Issued, City, County, State			
Military Service - Give Date and Branch Entered			
Arrest Record: Give Date and Place of Arrest			
IF the absent parent has been on Public Assistance: Give Date and Place			
Give Name and Address of Current Spouse and Absent Parent			

* Have you ever been on public assistance? Yes No

When _____ Date Where _____ City and State County _____

FOR AGENCY USE ONLY		
Case Name	Date Requested	Date Mailed or Provided
Case Number	Date Returned or Filed Date	

