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

In the matter of:

MOTION/PETITION FOR ALLOCATION OR REALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILTIES

_____
(Minor child's name)

_____
(Minor child's date of birth)

_____
(Parent 1 name)

Case Number: _____

_____
_____
_____
(Parent 1 address)

_____
(Parent 1 telephone)

_____
(Parent 2 name)

_____
_____
_____
(Parent 2 address)

_____
(Parent 2 telephone)

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 PLEASE OF JEFFERSON COUNTY, OHIO
JUVENILE DIVISION

In the matter of:

_____
(Minor child's name)

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

Case Number: _____

NOTE: By law, this affidavit **must** be filed and served with the first pleading filed by each party in evry 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	☐ **Address Confidential**	**Person child lived with (name and address)**	**Relationship**
_____ to Present	☐ Address Confidential		
_____ to _____	☐ Address Confidential		
_____ to _____	☐ Address Confidential		
_____ to _____	☐ Address Confidential		
_____ to _____	☐ Address Confidential		

b. **Child's Name:**	**Place of birth:**	**Date of birth:**	**Sex:**
Period of Residence	☐ **Address Confidential**	**Person child lived with (name and address)**	**Relationship**
_____ to Present	☐ Address Confidential		
_____ to_____	☐ Address Confidential		
_____ to _____	☐ Address Confidential		
_____ to _____	☐ Address Confidential		
_____ to _____	☐ Address Confidential		

c. **Child's Name:**	**Place of birth:**	**Date of birth:**	**Sex:**
Period of Residence	☐ **Address Confidential**	**Person child lived with (name and address)**	**Relationship**
_____ to Present	☐ Address Confidential		
_____ to _____	☐ Address Confidential		
_____ to _____	☐ Address Confidential		
_____ to _____	☐ Address Confidential		
_____ to _____	☐ 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):

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

or

☐ **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/RECIPIENT

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

I, _____, request child support services from the _____ CSEA (Child Support Enforcement Agency). I understand and agree to the following:

A. I am a resident of the county in which services are requested and no other Ohio county has jurisdiction over support – OR –I am requesting services from the Ohio county of jurisdiction.

B. The only fee that can be charged for services is a one dollar application fee. Some counties pay this fee for the applicants.

C. Recipients of child support services shall cooperate to the best of their ability with the CSEA. (See attached rights and responsibility information).

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.

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 Only Services', if the sole need is to find the whereabouts of the absent parent.

2. **Establishment or Adjustment of Child Support and Medical Support.**
The CSEA can assist you to obtain an order for support if you are separated, have been deserted, or need to establish paternity (fatherhood). The CSEA can also assist you in changing the amount of support orders (adjustment), and to establish a medical support order.

3. **Enforcement of Existing Orders.**
The CSEA can help you collect current and past-due child support.

4. **Federal and State Income Tax Refund Offset Submittals for the Collection of Child Support Arrearages.**
The agency can collect past-due support (arrearages) by intercepting a payor's federal and state income tax refunds in 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 past-due 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. Past-due support collected will be paid to you until all of the past-due support you are owed is paid.

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.

APPLICANT INFORMATION

Name: _____ Date of Birth: _____

Home Address: _____ Mailing Address: _____

_____ _____

_____ _____

Home Phone #: _____

Social Security #: _____ Sex: _____

Race: _____ ☐ Single ☐ Married

Relationship to Children: _____ ☐ Divorced ☐ Separated

Military Service (Branch, Dates): _____ Ever been on Public Assistance? (When and Where) _____

_____ _____

_____ _____

EMPLOYER INFORMATION

Employer Name: _____ Employer Phone #: _____

Employer Address: _____ Is Medical Insurance Available? _____

_____

	CHILD 1	CHILD 2	CHILD 3
Name:			
Sex:			
Race:			
Social Security #:			
Date of Birth:			
Home Address:			

Location of Birth: (Country, State, City)			
Has Paternity (Fatherhood) been Established?			
Name(s) of Absent Parent(s):			
Is there an Order for Support?			
Is the Child covered by Medical Insurance?			

ABSENT PARENT INFORMATION

	PARENT 1	PARENT 2	PARENT 3
Name (and alias):			
Home Address:			
Mailing Address:			
Social Security #:			
Date of Birth:			
Location of Birth (Country, State, City):			
Race:			
Sex:			
Height / Weight:			
Hair / Eye Color:			
Identifying Marks (Tattoos, scars, etc.):			
Names of Children:			
Name and Address of Employer:			

Employer Phone #:			
Medical Insurance Provided?			
Support Order #:			
Date of Support Order:			
Amount of Support:	$	$	$
Order Frequency:	Per	Per	Per
Location where Order was issued:			
Military Service (Branch, Dates):			
Ever Incarcerated? (Location, Dates):			
Arrest Record (Location, Dates):			
Name, Address Current Spouse:			
Father's Name:			
Mother's Name (Maiden):			
Ever been on Public Assistance? (Location, Dates)			

Type(s) of Service(s) Requested:

- ☐ All services listed
- ☐ Location of absent parent only
- ☐ Other (please explain)

I understand that 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: _____