

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

IN THE MATTER OF: _____ : CASE NO. _____
: _____
: _____
A Minor _____ :
: _____
: _____
Name _____ : JUDGE KATHLEEN L. GIESLER
: _____
: MAGISTRATE DANITA GILBERT CONWAY
Street Address _____ :
: _____
City, State and Zip Code _____ :
: _____
Plaintiff/Petitioner _____ :
vs. _____ :
: _____
Name _____ :
: _____
Street Address _____ :
: _____
City, State and Zip Code _____ :
Defendant/Petitioner _____ :

Instructions: This form is used to request the enforcement of a court order and hold the other party in contempt for violating the court order. A "Request for Service" and a proposed "Show Cause Order, Notice and Instructions to the Clerk" must be filed with this motion. Check local court procedures.

MOTION FOR CONTEMPT AND AFFIDAVIT

I, _____ (name), request an order for _____ (other party's name) to appear and show cause why he/she should not be held in contempt for violating a court order and a finding of contempt for violating the court order regarding the following (check all that apply):

1. Interference with parenting time or other parenting order filed on _____ (date).
List specific dates the other parent interfered with court-ordered parenting time: _____

2. Failure to pay child support, as required by the order filed on _____ (date).
The total arrearage owed is \$ _____.

(Bring to the hearing an up-to-date printout from the Ottawa County Child Support Enforcement Agency showing the

amount of the child support owed to you.)

- 3. Payment or reimbursement of health care expenses incurred for the minor child.

(Attach an Explanation of Health Care Bills, Form 26, and bring to the hearing the following documents:

- a. Copies of each bill for which you seek reimbursement;
- b. Proof of payment by you. Proof of payment may include a receipt for payment signed by the health care provider, a copy of a cancelled check, or a copy of a credit card statement verifying the amount paid; and
- c. Explanation of Benefits forms showing payment made by the health insurance carrier.)

- 4. Failure to comply with the Court's orders of _____ (date) regarding:

- Other (specify): _____

- 5. Costs and any other relief as necessary and proper are also requested.

Your signature

Street Address

City, State and Zip Code

Telephone number at which the Court may reach you or at which messages may be left for you

OATH

(Do not sign until a Notary is present)

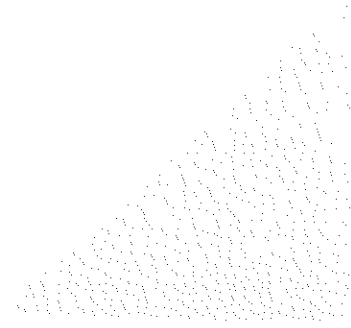
I, _____ (name), swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate, and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

Your signature

Sworn before me and signed in my presence this _____ day of _____, 20_____.

Notary Public

My commission expires _____



IN THE COURT OF COMMON PLEAS
Juvenile Division
OTTAWA COUNTY, OHIO

IN THE MATTER OF:

A Minor

Name

Case No. _____

Street Address

Judge Kathleen L. Giesler

City, State and Zip Code

Plaintiff/Petitioner

Magistrate Danita Gilbert Conway

vs./and

Name

Street Address

City, State and Zip Code

Defendant/Petitioner

Instructions: This form is used to bring the other party to Court to defend his/her failure to follow the court order. A Motion for Contempt and Affidavit (Uniform Domestic Relations Form 21) must be filed with this order.

SHOW CAUSE ORDER, NOTICE AND INSTRUCTIONS TO THE CLERK

TO: _____

PLAINTIFF/PETITIONER

TO: _____

DEFENDANT/PETITIONER

You are hereby ORDERED to appear and show cause why you should not be held in contempt for failure to obey the court order as described in the Motion you are now receiving.

COURT

(The Court will complete this part.)

You are ORDERED to appear in the Ottawa County Common Pleas Court
Juvenile Division, in Courtroom (Juvenile) located at 315 Madison St.,
3rd Floor, Port Clinton, Ohio
on _____ at _____ o'clock and show cause why you
should not be held in contempt of this Court.

NOTICE

1. Failure to appear as ordered may result in the issuance of a bench warrant for an immediate arrest.
2. Failure to appear may result in an immediate income withholding or deduction.
3. You have the right to be represented by an attorney.
4. If you cannot afford an attorney, you must apply for a public defender or appointed counsel, as appropriate, within three business days after receipt of this show cause order.
5. A continuance may not be granted to obtain counsel if you have made no good faith effort to secure one.
6. If found guilty, you may be sentenced as follows:
 - a. First offense – a fine of not more than \$250.00 and/or a definite term of imprisonment of not more than thirty days in jail or both.
 - b. Second offense – a fine of not more than \$500.00 and/or a definite term of imprisonment of not more than sixty days in jail or both.
 - c. Third offense – a fine of not more than \$1,000.00 and/or a definite term of imprisonment of not more than ninety days in jail or both.
7. The court may grant you limited driving privileges under 4510.021 of the Revised Code if your driver's license was suspended based on a notice issued by a child support enforcement agency because you are in default under a child support order or you have failed to comply with a subpoena or warrant issued by a court or agency with respect to a proceeding to enforce a child support order. You must request limited driving privileges and your request must be accompanied by a recent copy of your driver's abstract driving record from the registrar of motor vehicles.

JUDGE/MAGISTRATE

INSTRUCTIONS TO THE CLERK

You are directed to serve this Order along with the Motion for Contempt and Affidavit to the

Defendant/Petitioner or Plaintiff/Petitioner by:

Certified Mail, Return Receipt Requested

Issuance to Sheriff of _____ County, Ohio for Personal or Residence service

Other (specify) _____

Your Signature

IN THE COURT OF COMMON PLEAS

Juvenile

Division

OTTAWA

COUNTY, OHIO

IN THE MATTER OF:

A Minor

Name

Case No. _____

Street Address

Judge Kathleen L. Giesler

City, State and Zip Code

Plaintiff/Petitioner

Magistrate Danita Gilbert Conway

vs./and

Name

Street Address

City, State and Zip Code

Defendant/Petitioner

Instructions: This form is used when you want to request documents to be served on the other party. You must indicate the requested method of service by marking the appropriate box.

REQUEST FOR SERVICE

TO THE CLERK OF COURT:

Please serve the following documents on the following parties as I have indicated below:

- Defendant/Petitioner at the address shown above.
Certified Mail, Return Receipt Requested
Issuance to Sheriff of County, Ohio for Personal or Residence service
Other (specify)

- Plaintiff/Petitioner at the address shown above.
 Certified Mail, Return Receipt Requested
 Issuance to Sheriff of _____ County, Ohio for Personal or Residence service
 Other (specify) _____

- _____ County Child Support Enforcement Agency (provide address below):
 Certified Mail, Return Receipt Requested
 Issuance to Sheriff of _____ County, Ohio for Personal or Residence service
 Other (specify) _____

- Other (address): _____
 Certified Mail, Return Receipt Requested
 Issuance to Sheriff of _____ County, Ohio for Personal or Residence service
 Other (specify) _____

SPECIAL INSTRUCTIONS TO SHERIFF:

Your Signature