

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

IN THE MATTER OF: ) CASE NO. \_\_\_\_\_  
\_\_\_\_\_) )  
A Minor ) )  
\_\_\_\_\_) )  
\_\_\_\_\_) )  
\_\_\_\_\_) )  
Name ) MOTION  
\_\_\_\_\_) )  
Street Address ) )  
\_\_\_\_\_) )  
City, State, Zip Code ) )  
\_\_\_\_\_) )  
Plaintiff, ) )  
\_\_\_\_\_) )  
vs. ) )  
\_\_\_\_\_) )  
Name ) )  
\_\_\_\_\_) )  
Street Address ) )  
\_\_\_\_\_) )  
City, State, Zip Code ) )  
\_\_\_\_\_) )  
Defendant. ) )  
\_\_\_\_\_) )  
\_\_\_\_\_)

\*\*\*\*\*

The undersigned petitioner(s), \_\_\_\_\_,

herein being duly sworn, move(s) the Court for the following relief:

- \_\_\_\_\_ Objection to Magistrate's Decision
- \_\_\_\_\_ Objection to CSEA Administrative Proceedings

\_\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_

1. The reason(s) for said request(s) is/are as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. The Petitioner's relationship to the above child(ren) is: \_\_\_\_\_.

3. The child(ren) currently live at \_\_\_\_\_  
and is/are cared for by \_\_\_\_\_.  
Phone: \_\_\_\_\_.

4. The biological mother is \_\_\_\_\_ and her current  
mailing address is \_\_\_\_\_.  
Phone: \_\_\_\_\_.

5. The biological father is \_\_\_\_\_ and his current  
mailing address is \_\_\_\_\_.  
Phone: \_\_\_\_\_.

\_\_\_\_\_  
Petitioner signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Petitioner signature

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

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

IN THE MATTER OF:

\* CASE NO.

\*

\* Honorable

\* Magistrate

\*

Plaintiff

\* INFORMATION FOR PARENTING

- v -

\* PROCEEDING (R.C. § 3127.23(A))

\*

\*

\*

\*

Defendant

\*

\*

\*

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\*

\*

\* Attorney for the

**NOTE:** By law, an affidavit **must** be filed and served with the first pleading filed by each party in every parenting (custody/visitation) proceeding in this Court. 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.**

\_\_\_\_\_, being first duly sworn according to law, makes the following answer to the questions set out herein relevant to the custody of the minor child(ren) of the parties in the above styled action.

1.  I am requesting the court to not disclose my current address or that of the children. 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. State the full name(s) and birth date(s) of the child(ren) involved in these proceedings and the name(s) and address(es) of those with whom each child is now residing.

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
With Whom is the Child Residing: \_\_\_\_\_  
Where is the Child Residing: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
With Whom is the Child Residing: \_\_\_\_\_  
Where is the Child Residing: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
With Whom is the Child Residing: \_\_\_\_\_  
Where is the Child Residing: \_\_\_\_\_

3. State the place where the child(ren) have lived within the last five years and the names and present addresses of the person(s) with whom the child(ren) lived during that period.

Time Period: From \_\_\_\_\_ to the present  
Place of Residence: \_\_\_\_\_  
With Whom Children Resided: \_\_\_\_\_

Time Period: From \_\_\_\_\_ to \_\_\_\_\_  
Place of Residence: \_\_\_\_\_  
With Whom Children Resided: \_\_\_\_\_

Time Period: From \_\_\_\_\_ to \_\_\_\_\_  
Place of Residence: \_\_\_\_\_  
With Whom Children Resided: \_\_\_\_\_

Time Period: From \_\_\_\_\_ to \_\_\_\_\_  
Place of Residence: \_\_\_\_\_  
With Whom Children Resided: \_\_\_\_\_

Time Period: From \_\_\_\_\_ to \_\_\_\_\_  
Place of Residence: \_\_\_\_\_  
With Whom Children Resided: \_\_\_\_\_

4. State the school district where the child(ren) have attended for the year immediately prior to filing:

Time Period: From \_\_\_\_\_ to \_\_\_\_\_  
Place of Residence: \_\_\_\_\_  
With Whom Children Resided: \_\_\_\_\_

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

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 visitation (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 visitation (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): \_\_\_\_\_

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

I **HAVE NO INFORMATION** of any 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 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 any child subject to this case, other than listed in Paragraph 4.

Explain:

- a. Name of each child \_\_\_\_\_
- b. Type of case \_\_\_\_\_
- c. Court and state \_\_\_\_\_
- d. Date of court order or judgment (if any): \_\_\_\_\_

7. List all of the 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 offense 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

8. 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 visitation 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 claim(s) to have custody or visitation rights with respect to any child subject to this case:

a. Name and address of person \_\_\_\_\_

has physical custody       claims custody rights       claims visitation rights

Name of each child \_\_\_\_\_

b. Name and address of person \_\_\_\_\_

has physical custody       claims custody rights       claims visitation rights

Name of each child \_\_\_\_\_

9. Do you understand that you have a continuing duty to inform the Court of any parental proceeding concerning the afore named child(ren) in this or any other state?

Answer: \_\_\_\_\_

**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 under Ohio Revised Code 2921.11.**

\_\_\_\_\_  
(Name of Affiant)

\_\_\_\_\_  
(Name of Affiant)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 .

\_\_\_\_\_  
Notary

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

**AFFIDAVIT OF GENERAL INFORMATION, INCOME, MONTHLY EXPENSES AND  
FINANCIAL DISCLOSURE**

**STATE OF OHIO  
COUNTY OF OTTAWA**

\_\_\_\_\_, being first duly sworn, states in answer to the following questions as hereinafter set forth:

1.) CHILD #1:

\_\_\_\_\_  
CHILD'S FULL NAME \_\_\_\_\_  
Date of Birth  
\_\_\_\_\_  
CHILD'S ADDRESS

2.) CHILD #2: (IF APPLICABLE)

\_\_\_\_\_  
CHILD'S FULL NAME \_\_\_\_\_  
Date of Birth  
\_\_\_\_\_  
CHILD'S ADDRESS

\*\* If there are more children, please use a separate sheet of paper to provide the above information and attach to this form.

3.) MOTHER:

\_\_\_\_\_  
MOTHER'S FULL NAME \_\_\_\_\_  
Date of Birth  
\_\_\_\_\_  
MOTHER'S ADDRESS

\_\_\_\_\_  
EMPLOYER and EMPLOYER'S ADDRESS

\_\_\_\_\_  
MOTHER'S TELEPHONE NUMBER \_\_\_\_\_  
CELL PHONE #



Type of Work? \_\_\_\_\_

Amount of net pay \$ \_\_\_\_\_ Pay Frequency: \_\_\_\_\_

Amount of gross pay \$ \_\_\_\_\_ Pay Frequency: \_\_\_\_\_

4.) FATHER:

\_\_\_\_\_  
FATHER'S FULL NAME Date of Birth

\_\_\_\_\_  
FATHER'S ADDRESS

\_\_\_\_\_  
FATHER'S TELEPHONE NUMBER CELL PHONE #

\_\_\_\_\_  
EMPLOYER and EMPLOYER'S ADDRESS

Type of Work? \_\_\_\_\_

Amount of net pay \$ \_\_\_\_\_ Pay Frequency: \_\_\_\_\_

Amount of gross pay \$ \_\_\_\_\_ Pay Frequency: \_\_\_\_\_

If person from whom support is sought is self-employed, list name under which he or she does business, business address, type of work or service performed, and net income from said business in prior calendar year:

\_\_\_\_\_

GROSS ANNUAL INCOME

1.) Mother's gross annual income: \$ \_\_\_\_\_

2.) Father's gross annual income: \$ \_\_\_\_\_

**NOTE: You must attach a copy of your most recent income tax return, including all supporting schedules and a copy of your most recent paystub.**

**CURRENT MONTHLY INCOME**

**MOTHER**

**FATHER**

<hr/>	Employment	<hr/>
<hr/>	Self-Employment	<hr/>
<hr/>	Interest / Dividends	<hr/>
<hr/>	Unemployment Comp.	<hr/>
<hr/>	Worker's Comp.	<hr/>
<hr/>	Disability / Sick Pay	<hr/>
<hr/>	Social Security	<hr/>
<hr/>	Spousal Support	<hr/>
<hr/>	Child Support	<hr/>
<hr/>	ADC / GR / Food Stamps	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
\$	<b>TOTAL ALL COLUMNS</b>	\$

**ADJUSTMENTS**  
(Annual Amounts)

<hr/>	Court-Ordered Support Paid For Other Children	<hr/>
<hr/>	Court-Ordered Spousal Support Paid to Former Spouse	<hr/>
<hr/>	Health Insurance Premium Paid if Children Covered (Child's portion only)	<hr/>
<hr/>	Other dependent child in home (Other resident child)	<hr/>

_____	Local Income Tax Percentage Rate	_____
_____	Annual Daycare Costs	_____
_____	Annual Mandatory Unreimbursed Employment Expenses (e.g. union dues)	_____

**POTENTIAL ANNUAL GROSS INCOME**  
(if either party is unemployed or underemployed)

**MOTHER**

**FATHER**

_____	Highest Education Completed	_____
_____	Marketable Skills	_____
_____	Health Conditions	_____
_____	Highest Prior Annual	_____
\$ _____	Income and Date	\$ _____
_____	Date Last Employed	_____

**MEDICAL INSURANCE COVERAGE**

Please list below the medical insurance coverage that is currently in effect for the parties, including any minor children:

Mother's health insurance information is as follows:

Name of Employer / Group / Individual \_\_\_\_\_

Address of Employer / Group / Individual \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Insurance for Children Active Now?  Yes or  No

If No, then will activate within 30 days  Yes

Father's health insurance information is as follows:

Name of Employer / Group / Individual \_\_\_\_\_

Address of Employer / Group / Individual \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Insurance for Children Active Now?  Yes or  No

If No, then will activate within 30 days  Yes

5.) GUARDIAN/CUSTODIAN (if other than parent)

\_\_\_\_\_

FULL NAME

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

GUARDIAN/CUSTODIAN'S ADDRESS

\_\_\_\_\_

GUARDIAN/CUSTODIAN'S TELEPHONE #

\_\_\_\_\_

CELL PHONE #

\_\_\_\_\_

EMPLOYER and EMPLOYER'S ADDRESS

6.) Who has legal (court-ordered) custody of the child(ren) whose custody or visitation you seek?

\_\_\_\_\_

7.) Where (what county and what court) was legal custody established?

\_\_\_\_\_

8.) Who has physical possession of the child(ren) at this time?

\_\_\_\_\_

9.) Were the parents of this/these child(ren) ever married? \_\_\_ YES \_\_\_ NO

10.) Was paternity established? \_\_\_ YES \_\_\_ NO (If YES, please provide a copy of the parentage order).

11.) What is your relationship to the child?

\_\_\_\_\_

12.) How many adults are in your home?

\_\_\_\_\_

13.) Has any child protective agency ever been involved with this/these child(ren)?  
\_\_\_ YES \_\_\_ NO. If YES, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14.) Have you ever been to any Court before for any matters concerning this child?  
\_\_\_YES \_\_\_NO If YES, please explain when and under what  
circumstances? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15.) Would mediation be of any assistance in the resolution of this matter?  
Yes\_\_\_ No\_\_\_

\_\_\_\_\_  
Affiant

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

**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) \_\_\_\_\_

Supreme Court of Ohio

Uniform Domestic Relations Form – 28

Uniform Juvenile Form – 10

REQUEST FOR SERVICE

Approved under Ohio Civil Rule 84 and Ohio Juvenile Rule 46

Effective Date: 7/1/2013

- 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:

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\_\_\_\_\_  
Your Signature