

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

IN RE: _____) **CASE NO.** _____
_____)
_____) **PETITION FOR CUSTODY**
_____)
_____)
(Minor Child or Children)

The undersigned petitioner(s), _____, herein being duly sworn states:

1. The name(s) and birth date(s) of the child or children is/are:
Name: _____ Birth Date: _____
Name: _____ Birth Date: _____
Name: _____ Birth Date: _____
Name: _____ Birth Date: _____
2. The Petitioner's relationship to the above child or children is: _____
3. The child or children currently live at _____
and is/are cared for by _____. Phone (____) _____.
4. The natural or biological mother is _____,
and her current mailing address is _____.
Phone: (____) _____.
5. The natural or biological father is _____,
and his current mailing address is _____.
Phone: (____) _____.
6. The biological mother has: _____ Abandoned the child or children
_____ Contractually relinquished custody
_____ Been totally unable to provide care and support
_____ Been unfit or unsuited to parent the child or children
_____ Other: _____

Based on the following facts: _____

_____.

7. The biological father has: _____ Abandoned the child or children
_____ Contractually relinquished custody
_____ Been totally unable to provide care and support
_____ Been unfit or unsuited to parent the child or children
_____ Other: _____

Based on the following facts: _____

_____.

8. Is the natural or biological mother of the child or children aware of and in agreement with this petition? _____

9. Is the natural or biological father of the child or children aware of and in agreement with this petition? _____

10. It would be in the best interest of the child or children for the petitioner(s) to have custody for the following reasons:

_____.

(Petitioner Signature)

(Address)

(Petitioner Signature)

(City) (State) (Zip Code)

(Telephone Number)

Sworn to and signed in my presence this _____ day of _____, 20____.

Notary Public

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

IN THE MATTER OF:

Plaintiff

- v -

Defendant

* CASE NO.

*

* Honorable

* Magistrate

*

* INFORMATION FOR PARENTING

* PROCEEDING (R.C. § 3127.23(A)

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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 #

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/>
\$	TOTAL ALL COLUMNS	\$

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)

- 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