

AGREED CHANGE OF CUSTODY 31(B)(2)
Common Pleas Court

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AGREED CHANGE OF RESIDENTIAL PARENT AND LEGAL CUSTODIAN
COMMON PLEAS COURT

INSTRUCTIONS

Attached is a form motion requesting a change of residential parent and legal custodian. It can only be used when the parents are divorced or have obtained a dissolution and both parents agree to the change. These instructions are intended to be a general guide to help you get the form filled out, filed with the Court, and properly before the Judge. These instructions are not intended to be a legal analysis of your request or advice as to whether you should win your motion but are merely to assist you in preparing and presenting your request.

If you have any doubt or question as to whether you can use these papers, contact an attorney.

CAUTION! CHANGING THE RESIDENTIAL PARENT AND LEGAL CUSTODIAN IS SERIOUS! A PARENT WHO GIVES UP HIS/HER RESIDENTIAL PARENT AND LEGAL CUSTODIAN STATUS MAY NEVER GET THE RIGHT TO HAVE HER/HIS CHILD LIVE WITH HER/HIM AGAIN. IF YOU HAVE ANY DOUBT ABOUT CHANGING THE RESIDENTIAL PARENT AND LEGAL CUSTODIAN, DON'T DO IT, OR CONTACT A LAWYER.

A. FILLING OUT THE FORM

1. All of the enclosed forms should be filled out before you go to the Courthouse to file it. The Clerk of Court's staff will not help you in completing the forms.

2. At the top of each form, fill in the name of the Plaintiff, the Defendant, and the case number. This information is available from your final divorce or dissolution decree or on other papers that have been previously filed with the Court. If you do not have the case number you can get it from the Clerk of Courts when you go to file the Motion. You must file the Motion in the same Court that first awarded custody, even if you or your ex-spouse live somewhere else now.

3. In the second paragraph of the Motion there is a space for you to list the reason or reasons that you have for wanting to change the residential parent and legal custodian. You should be specific. Start by stating who has custody (or is the residential parent and legal custodian) now and who you want to change it to. You do not have to list here all of the facts that support your request or everything that has happened to you that causes you to want to change the residential parent and legal custodian. However, you have to be specific enough so that the Judge will know from reading your Motion why you want to change the residential parent and legal custodian.

4. Both of you must sign the form and print your names, current addresses, and phone numbers. Do this on the spaces under the words "Respectfully submitted." This form must be signed by both of you in front of a Notary Public.

5. Both of you should sign the Agreed Entry on the lines under the word "Approved." If you are trying to change custody to a third person, that person should sign this Entry also.

6. Fill out the Affidavit of Indigency if you are unable to pay court costs for this Motion. To find out the cost you should call the Clerk of Courts. Sign the affidavit in front of a Notary Public.

7. Fill out the Affidavit of Income and Expenses. Answer all questions as completely and accurately as you can. Fill in the income and expenses for both of you as best you can. Both of you must sign the affidavit in front of a Notary Public.

8. Fill out the document called "Parenting Proceeding Affidavit." Both of you must sign the affidavit in front of a Notary Public.

9. Fill out the Health Insurance Affidavit.

10. Make three copies of every page.

B. FILING THE MOTION

1. After the form is filled out and copied, go to the Clerk of Court's office. That is the only place you can file the Motion.

2. The Clerk's staff will take the original and one copy of the Motion. You should ask the Clerk to time-stamp your copy of the Motion. This is your proof that you filed it.

C. PREPARATION FOR THE HEARING

1. Since both of you are in agreement about the change of residential parent and legal custodian, it is possible that the Court will issue an order without requiring a hearing. If a hearing is scheduled, you should follow the instructions below.

2. It helps a lot if you are prepared for the hearing. You should dress as you would for a job interview and have with you any witnesses that you wish to use to support your request. Your child or children may also be able to testify about the change of residential parent and legal custodian.

3. The Judge will want to know basically these things: Why you want to change the residential parent and legal custodian and whether the change is in the best interests of the child or children.

4. At the hearing you will be asked questions by the Judge or by an attorney. Be directly responsive to the questions. Listen to the question and make sure that you provide the information that you are asked for. If you do not understand the question or are not sure what you are being asked, you have the right to have the question explained to you before answering it.

5. This Motion does not deal with the issue of child support. However, you should know that the Court always has the authority to order child support.

GOOD LUCK!

IN THE COURT OF COMMON PLEAS
_____ COUNTY, OHIO

_____ ,	*	
Plaintiff/Petitioner,	*	CASE NO. _____
vs.	*	
_____ ,	*	<u>AGREED MOTION FOR</u>
Defendant/Respondent.	*	<u>CHANGE OF RESIDENTIAL</u>
		<u>PARENT AND LEGAL</u>
		<u>CUSTODIAN</u>

Now come the parties herein who jointly move this Honorable Court to change the residential parent and legal custodian of the minor child(ren) herein for the reasons that it would be in the best interests of the child(ren) as further explained below and so that the child(ren) can be enrolled in school.

Respectfully submitted,

Mother

Father

State of Ohio,

ss:

_____ County.

Before me, a Notary Public, in and for said county, did personally appear the above named _____ and signed the foregoing Agreed Motion for Change of Residential Parent and Legal Custodian of his/her own free act and deed this _____ day of _____, 20_____.

Notary Public

My Commission Expires:

State of Ohio,

ss:

_____ County.

Before me, a Notary Public, in and for said county, did personally appear the above named _____ and signed the foregoing Agreed Motion for Change of Residential Parent and Legal Custodian of his/her own free act and deed this _____ day of _____, 20_____.

Notary Public

My Commission Expires:

IN THE COURT OF COMMON PLEAS
_____ COUNTY, OHIO

_____, *
Plaintiff/Petitioner, * CASE NO. _____
vs. *
_____ * JUDGE _____
*
Defendant/Petitioner. * **AGREED ENTRY**

The Court finding that the parties are in agreement and that this agreement would be in the child's best interest, it is hereby ORDERED, ADJUDGED, and DECREED that _____ shall be designated as the residential parent and legal custodian of the minor child(ren), _____

_____.

JUDGE, COURT OF COMMON PLEAS

Approved:

FATHER

MOTHER

IN THE COURT OF COMMON PLEAS
_____ COUNTY, OHIO

_____, *
Plaintiff/Petitioner, * CASE NO. _____
vs. *
_____, * JUDGE _____
Defendant/Petitioner, * **AFFIDAVIT OF INDIGENCY**

STATE OF OHIO,
COUNTY OF _____, SS:

We, _____ and _____,
state that we are indigent and unable to prepay any cost deposit herein; that our expenses match or exceed our incomes and that we have no assets from which to raise a deposit or to pay an attorney to represent us. We therefore, request that our Agreed Motion For Change of Residential Parent and Legal Custodian be accepted without prepayment of the costs.

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

NOTARY PUBLIC

**COURT OF COMMON PLEAS
COUNTY, OHIO**

Plaintiff/Petitioner _____ Case No. _____
 v./and _____ Judge _____
 Defendant/Petitioner _____ Magistrate _____

Instructions: Check local court rules to determine when this form must be filed. This affidavit is used to make complete disclosure of income, expenses and money owed. It is used to determine child and spousal support amounts. Do not leave any category blank. Write "none" where appropriate. If you do not know exact figures for any item, give your best estimate, and put "EST." If you need more space, add additional pages.

AFFIDAVIT OF INCOME AND EXPENSES

Affidavit of _____
 (Print Your Name)

Date of marriage _____ Date of separation _____

SECTION I - INCOME

	<u>Husband</u>	<u>Wife</u>
Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	_____	_____
Payroll address	_____	_____
Payroll city, state, zip	_____	_____
Scheduled paychecks per year	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52

A. YEARLY INCOME, OVERTIME, COMMISSIONS AND BONUSES FOR PAST THREE YEARS

	<u>Husband</u>	<u>Wife</u>
Base yearly income	\$ _____ 3 years ago 20 _____ \$ _____	
	\$ _____ 2 years ago 20 _____ \$ _____	
	\$ _____ Last year 20 _____ \$ _____	
Yearly overtime, commissions and/or bonuses	\$ _____ 3 years ago 20 _____ \$ _____	
	\$ _____ 2 years ago 20 _____ \$ _____	
	\$ _____ Last year 20 _____ \$ _____	

B. COMPUTATION OF CURRENT INCOME

	<u>Husband</u>	<u>Wife</u>
Base yearly income	\$ _____	\$ _____
Average yearly overtime, commissions and/or bonuses over last 3 years (from part A)	\$ _____	\$ _____
Unemployment compensation	\$ _____	\$ _____
Disability benefits		
<input type="checkbox"/> Workers' Compensation		
<input type="checkbox"/> Social Security		
<input type="checkbox"/> Other: _____	\$ _____	\$ _____
Retirement benefits		
<input type="checkbox"/> Social Security		
<input type="checkbox"/> Other: _____	\$ _____	\$ _____
Spousal support received	\$ _____	\$ _____
Interest and dividend income (source)		
_____	\$ _____	\$ _____

Other income (type and source)		
_____	\$ _____	\$ _____

TOTAL YEARLY INCOME	\$ _____	\$ _____
Supplemental Security Income (SSI) or public assistance	\$ _____	\$ _____
Court-ordered child support that you receive for minor and/or dependent child(ren) not of the marriage or relationship	\$ _____	\$ _____

SECTION II – CHILDREN AND HOUSEHOLD RESIDENTS

Minor and/or dependent child(ren) who are adopted or born of this marriage or relationship:

Name	Date of birth	Living with
_____	_____	_____
_____	_____	_____
_____	_____	_____

In addition to the above children there is/are in your household:

_____ adult(s)
_____ other minor and/or dependent child(ren).

SECTION III – EXPENSES

List monthly expenses below for your present household.

A. MONTHLY HOUSING EXPENSES

Real estate taxes (if not included above)	\$
Second mortgage/equity line of credit	\$
o Electric	\$
o Water and sewer	\$
o Trash collection	\$
Cleaning, maintenance, repair	\$
Other:	\$

TOTAL MONTHLY : \$ _____

B. OTHER MONTHLY LIVING EXPENSES

[REDACTED]

o Groceries (including food, paper, cleaning products, toiletries, other) \$

[REDACTED]

Transportation

[REDACTED]

o Vehicle maintenance (oil, repair, license) \$

[REDACTED]

o Parking, public transportation \$

[REDACTED]

o Clothes (other than children's) \$

[REDACTED]

Personal grooming

[REDACTED]

o Other \$

[REDACTED]

Internet (if not included elsewhere) \$

[REDACTED]

TOTAL MONTHLY \$ _____

**C. MONTHLY CHILD-RELATED EXPENSES
(for children of the marriage or relationship)**

[REDACTED]

Other child care \$

[REDACTED]

Special and unusual needs of child(ren) (not included elsewhere) \$

[REDACTED]

School supplies \$

[REDACTED]

Extracurricular activities, lessons \$

[REDACTED]

Other _____ \$ _____

TOTAL MONTHLY \$ _____

D. INSURANCE PREMIUMS

Auto	\$	
Disability	\$	
Other	\$	
TOTAL MONTHLY		\$

E. MONTHLY EDUCATION EXPENSES

o Self	\$	
Books, fees, other	\$	
Other	\$	
TOTAL MONTHLY:		\$

F. MONTHLY HEALTH CARE EXPENSES
(not covered by insurance)

Dentists	\$	
Prescriptions	\$	
TOTAL MONTHLY:		\$

G. MISCELLANEOUS MONTHLY EXPENSES

Child support for children who were not born of this marriage or relationship and were not adopted of this marriage	\$	
Subscriptions, books	\$	

GRAND TOTAL MONTHLY EXPENSES (Sum of A through H): \$ _____

OATH

[Do not sign until notary is present.]

I, (print 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 _____, _____.

Notary Public
My commission expires: _____

COURT OF COMMON PLEAS
_____ COUNTY, OHIO

_____ Case No. _____
 Plaintiff/Petitioner Judge _____
 v./and Magistrate _____

 Defendant/Petitioner/Respondent

Instructions: Check local court rules to determine when this form must be filed.
 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, including Dissolutions, Divorces and Domestic Violence Petitions. 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, add additional pages.**

PARENTING PROCEEDING AFFIDAVIT (R.C. 3127.23(A))
 Affidavit of _____
 (Print Your Name)

Check and complete ALL THAT APPLY:

1. I request that the court not 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 to protect the health, safety, or liberty of myself and/or the child(ren).
2. Minor child(ren) are subject to this case as follows:

Insert the information requested below for all minor or dependent children of this marriage. You must list the residences for all places where the children have lived for the last **FIVE** years.

Period of Residence	Check if Confidential	Person(s) With Whom Child Lived (name & 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?	_____	_____



Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

<u>Period of Residence</u>		<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name & address)	<u>Relationship</u>
_____	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?	_____	_____



Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

<u>Period of Residence</u>		<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name & address)	<u>Relationship</u>
_____	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?	_____	_____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CHILDREN, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

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

- 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. For each case in which you participated, give the following information:

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

IF MORE SPACE IS NEEDED FOR ADDITIONAL CUSTODY CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

4. **Information about other civil case(s) that could affect this case: (Check only one box.)**
- I HAVE NO INFORMATION about any other civil 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 other civil 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 a child subject to this case. Do not repeat cases already listed in Paragraph 3. Explain:

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

IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

5. **Information about criminal case(s):**
 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 domestic violence 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.

<u>Name</u>	<u>Case Number</u>	<u>Court/State/County</u>	<u>Convicted of What Crime?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

6. Persons not a party to this case who have physical custody or claim to have custody or visitation rights to children subject to this case: (Check only one box.)

I DO NOT KNOW OF ANY PERSON(S) 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/Address of Person

Has physical custody

Claims custody rights

Claims visitation rights

Name of each child:

b. Name/Address of Person

Has physical custody

Claims custody rights

Claims visitation rights

Name of each child:

c. Name/Address of Person

Has physical custody

Claims custody rights

Claims visitation rights

Name of each child:

OATH

[Do Not Sign Until Notary is Present]

I, (print 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 _____, _____.

Notary Public

My Commission Expires: _____

**COURT OF COMMON PLEAS
_____ COUNTY, OHIO**

Plaintiff/Petitioner

v./and

Defendant/Petitioner

Case No. _____
Judge _____
Magistrate _____

Instructions: Check local court rules to determine when this form must be filed. This affidavit is used to disclose health insurance coverage that is available for children. It is also used to determine child support. It must be filed if there are minor children of the relationship. **If more space is needed, add additional pages.**

HEALTH INSURANCE AFFIDAVIT

Affidavit of _____
(Print Your Name)

Mother

Father

Are your child(ren) currently enrolled in a low-income government-assisted health care program (Healthy Start/Medicaid)?

Yes No

Yes No

Are you enrolled in an individual (non-group or COBRA) health insurance plan?

Yes No

Yes No

Are you enrolled in a health insurance plan through a group (employer or other organization)?

Yes No

Yes No

If you are not enrolled, do you have health insurance available through a group (employer or other organization)?

Yes No

Yes No

Does the available insurance cover primary care services within 30 miles of the child(ren)'s home?

Yes No

Yes No

Mother

Father

Under the available insurance, what would be the annual premium for a plan covering you and the child(ren) of this relationship (not including a spouse)?

\$ _____

\$ _____

Under the available insurance, what would be the annual premium for a plan covering you alone (not including children or spouse)?

\$ _____

\$ _____

If you are enrolled in a health insurance plan through a group (employer or other organization) or individual insurance plan, which of the following people is/are covered:

Yourself?

Yes No

Yes No

Your spouse?

Yes No

Yes No

Minor child(ren) of this relationship?

Yes No

Yes No

Number _____

Number _____

Other individuals?

Yes No

Yes No

Number _____

Number _____

Name of group (employer or organization) that provides health insurance

Address

Phone number

OATH

[Do not sign until notary is present.]

I, (print 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 _____, _____.

Notary Public

My commission expires: _____