

**CHANGE OF CUSTODY (Not Agreed)31(C)(2)  
COMMON PLEAS**

1. Change of Custody Instructions
2. Motion For Reallocation of Parental Rights (Sample)
3. Motion For Reallocation of Parental Rights
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4. Affidavit of Indigency
5. Affidavit of Income and Expenses
6. Parenting Proceeding Affidavit
7. Health Insurance Affidavit

CHANGE OF CUSTODY INSTRUCTIONS  
(Divorce-Dissolution Version)

(TYPE OR PRINT ONLY)

Attached are two sets of forms for requesting a modification (change) of custody. The first set of forms has numbered blanks which are keyed to these instructions. The second set of forms is for you to fill out as you follow these instructions.

These instructions are intended to be a general guide to help you get the forms 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 an opinion as to whether your Motion will be granted. Their sole purpose is to assist you in preparing and presenting your request for a change of custody.

A. FILLING OUT THE FORMS

1. You should fill out these forms before you go to the Courthouse to file them. Other than telling you the time and date of the hearing, the Court staff cannot and will not help you complete these forms. Attached are sample forms with numbered blanks. These instructions will refer to the blanks by number.

**NOTE: EACH FORM HAS PLAINTIFF/PETITIONER AND DEFENDANT/RESPONDENT IN THE CAPTION. YOU MUST CROSS OUT THE INCORRECT ONES BY FOLLOWING THE CAPTION ON YOUR ORIGINAL DOCUMENTS.**

2. MOTION FOR ALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES

In the #1 blank, fill in the county where your divorce was granted. In the #2 blank, fill in the name of the person who was listed in the divorce as the Plaintiff, and in the #3 blank fill in the name of the person who was listed in the divorce as the Defendant. In the #4 blank, fill in the case number that appears on your divorce papers. In the #5 blank fill in your name. In the #6 blank fill in the name or names of the minor children whose custody is to be changed. In the #7 blank fill in your ex-spouse's name, and in the #8 blank fill in your name again. In the #10 blanks, you should sign your name and fill in your address.

In the #9 blanks you should fill in the reason for the change of custody. The law prefers keeping legal custody with the person who already has legal custody. To convince the Judge that custody should be changed, you must show that there has been a change of circumstances and that it is in the best interest of the child(ren) for custody to be changed. If you cannot show this, then the Judge will not change custody.

As a practical matter, what this usually means is that you must fill in the #9 blanks with one or more reasons for changing custody.

(See Ohio Revised code Section 3109.04 if you would like additional information about the legal grounds for changing custody.)

3. NOTICE OF HEARING - Fill in the Judge's name (it should be on your divorce decree but the Clerk will give it to you if you do not have it); the courtroom number (the clerk will provide this as well); the county of the courthouse; the city; and the date and time. The Clerk will provide the date and time as well.

4. INSTRUCTIONS FOR SERVICE - Fill in the name of the Plaintiff or Defendant, from whom you are requesting the change of custody, their address, and the manner in which you are requesting service-usually certified mail. There is a small fee for certified mail service. Ask the Clerk.

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5. AFFIDAVIT OF INDIGENCY - (Poverty Affidavit) Fill out this affidavit only if you cannot afford the filing fee. If you do not know whether you can afford the filing fee, call the office of the clerk of Court for the Court of Common Pleas in the county where your divorce was finalized. Ask them what the fee is for a post-judgment Motion in a domestic case. The Affidavit is enclosed along with instructions.

You must answer every questions on the rest of the form to the best of your ability. Sign your name in front of a notary if the affidavit is correct. **DO NOT SIGN UNTIL YOU ARE IN FRONT OF THE NOTARY.**

6. All additional forms (Affidavit of Income and Expenses, Parenting Proceeding Affidavit and Health Insurance Affidavit) **MUST** be completed, signed and notarized (if required).

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B. FILING THE MOTION

1. After you have filled all the forms out, make FOUR copies of each and go to the office of the Clerk of Courts in the county where you divorce was finalized. This is the only place you can file your Motion. File the Motion, Instructions for Service, Affidavit of Income and Expenses, Parenting Proceeding Affidavit, Health Insurance Affidavit and Application for Child Support Services.

2. There will be a fee for the filing of this Motion and before going up to the Courthouse, you should call the Clerk's Office for the Court of Common Pleas and ask how much it is. If you are unable to pay the filing fee and believe that you are indigent (poor), you can file the Affidavit of Indigency with the other papers and avoid prepaying the filing fee.

3. At the time of the filing, give the original and all copies of your Motion and all affidavits to the Clerk. The Clerk will file-stamp everything and keep the original and one or two copies of the forms. The Clerk should return to you the rest of the copies file-stamped. Always keep at least one file-stamped copy of anything you file with the Clerk's office. You should request a copy of the Visitation Guidelines. The Clerk will follow your Instructions for Service and serve the other party.

4. After filing the Motion and affidavits, on the same day or within the next three days, take a file-stamped copy to the Child Support Enforcement Agency so that the appropriate child support amount can be determined at the time of the hearing. Show them your papers and apply for their services.

5. The Court will notify you of the date and time of the hearing. You will both need to appear with your witnesses at that time. If your mailing address changes before the hearing, you must let the clerk know immediately.

### C. HEARING

You will need to appear with your witnesses at the hearing on the date and at the time the Court schedules it. Because the Court may ask you about your financial information, you should take with you proof of your income (i.e., letter from the welfare office, letter from employer, check stub, letter for Social Security).

Since you have filed the Motion for Change of Custody, you must prove the reason or reasons for the change of custody shown in the Motion, and generally convince the Judge that it is in the best interest of child(ren) for you to get custody. You prove these things by offering evidence to the Court, which is usually your testimony, the testimony of your witness(es), and possibly the testimony of the child(ren). You can subpoena any witness who cannot or will not come to the hearing. The Clerk has the forms.

Depending on your situation, you may not need many witnesses. If you and your ex-spouse agree on the change, then your testimony and the testimony of your ex-spouse should be enough. If your ex-spouse cannot or will appear in court, then the Court might accept a written notarized statement from him or her stating that he or she agrees to the change of custody.

After the Judge has heard all of the testimony and listened to your comments, he may come to a decision right away, or he may "take the matter under advisement," which means that he wants to think about it for a while and will let you know his decision later by mail.

GOOD LUCK!

IN THE COURT OF COMMON PLEAS  
-1- COUNTY, OHIO

-2-

Case No. -4-

Plaintiff/Petitioner,

vs.

-3-

Defendant/Respondent.

**MOTION FOR REALLOCATION OF  
PARENTAL RIGHTS AND  
RESPONSIBILITIES**

Now comes -5- pro se and moves this Court for  
an Order reallocating parental rights and responsibilities of the parties' minor child(ren)

-6- from -7-

to -8- Pursuant to Revised Code Section 3109.04(A)

and/or 3109.04(B)(1) because -9-

\_\_\_\_\_

\_\_\_\_\_

Signature -10-

Street Address \_\_\_\_\_

City, State and Zip-code \_\_\_\_\_

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

IN THE COURT OF COMMON PLEAS  
\_\_\_\_\_ COUNTY, OHIO

\_\_\_\_\_

Case No. \_\_\_\_\_

Plaintiff/Petitioner,

vs.

\_\_\_\_\_

Defendant/Respondent.

**MOTION FOR REALLOCATION  
OF PARENTAL RIGHTS AND  
RESPONSIBILITIES**

Now comes \_\_\_\_\_ pro se and moves this Court for an Order  
reallocating parental rights and responsibilities of the parties' minor child(ren)

\_\_\_\_\_ from \_\_\_\_\_ to

\_\_\_\_\_ pursuant to Revised Code Section 3109.04(A) and/or 3109.04(B)(1)

because \_\_\_\_\_

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

Signature \_\_\_\_\_

Street Address \_\_\_\_\_

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

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

**IN THE COURT OF COMMON PLEAS  
\_\_\_\_\_ COUNTY, OHIO**

_____	*	Case No. _____
Plaintiff/Petitioner,	*	
vs.	*	Judge _____
_____	*	
Defendant/Respondent	*	<b><u>NOTICE OF HEARING</u></b>

TAKE NOTICE that a hearing will be held on the foregoing Motion before the Honorable \_\_\_\_\_, in Courtroom No. \_\_\_\_\_, \_\_\_\_\_ County Court of Common Pleas, in \_\_\_\_\_, Ohio, on \_\_\_\_\_ at \_\_\_\_\_ o'clock.

\_\_\_\_\_

**IN THE COURT OF COMMON PLEAS**  
**\_\_\_\_\_ COUNTY, OHIO**

\_\_\_\_\_,  
Plaintiff/Petitioner,

Case No. \_\_\_\_\_

vs.

\_\_\_\_\_,  
Defendant/Respondent.

**REQUEST FOR SERVICE**

TO THE CLERK OF SAID COURT:

Make service on the following parties:

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

- by:        Certified Mail, Return Receipt Requested
- Addressee Only, Certified Mail, Return Receipt Requested
- Ordinary Mail
- Issuance to Sheriff of County, Ohio for (Personal) (Residence) service.
- (\$15.00 additional Deposit attached for costs of issuance to foreign Sheriff)
- Other: Specify

SPECIAL INSTRUCTION TO SHERIFF:

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

\_\_\_\_\_  
NAME

RETURN OF SERVICE

FEES \* \_\_\_\_\_ \*

I received this (Summons) (Notice) on

Service \$ \_\_\_\_\_ \*

\_\_\_\_\_, 20\_\_ at

Mileage \$ \_\_\_\_\_ \*

\_\_\_\_\_ o'clock, \_\_\_\_ m., and made

\_\_\_\_\_ mi. at \_\_\_\_\_ ¢ \*

service of it on \_\_\_\_\_, 20\_\_

\* \_\_\_\_\_ \*

upon \_\_\_\_\_

Total \$ \_\_\_\_\_ \*

\_\_\_\_\_

\*\*\*\*\*

\_\_\_\_\_

( ) by locating (him) (her) (them) and tendering a copy of (summons) (notice) and accompanying documents.

( ) by leaving, at (his) (her) (their) usual place of residence with \_\_\_\_\_, a person of suitable age and discretion then residing therein, a copy of the (summons) (notice) and accompanying documents.

( ) I was unable to serve a copy of (summons) (notice) upon (him) (her) (them) for the following reasons: \_\_\_\_\_

\_\_\_\_\_  
(Sheriff)  
(Deputy Sheriff)  
(Process Server)

**IN THE COURT OF COMMON PLEAS**  
**\_\_\_\_\_ COUNTY, OHIO**

\_\_\_\_\_  
Plaintiff/Petitioner

Case No. \_\_\_\_\_

vs.

\_\_\_\_\_  
Defendant/Respondent

**AFFIDAVIT OF INDIGENCY**

STATE OF OHIO,

SS:

\_\_\_\_\_ COUNTY.

I, \_\_\_\_\_ state that I am indigent and unable to pre-pay any cost deposit herein; that my expenses match or exceed my income and that I have no assets from which to raise a deposit or to pay an attorney to represent me. I therefore request that my Motion be accepted without pre-payment of the costs.

\_\_\_\_\_  
(Your signature - SIGN IN FRONT OF NOTARY)

Sworn to and subscribed before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_.

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

**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 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)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>TOTAL YEARLY INCOME</b>	\$ _____	\$ _____
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:	\$
<b>TOTAL MONTHLY : \$</b> _____	

**B. OTHER MONTHLY LIVING EXPENSES**

[REDACTED]

Groceries (including food, paper, cleaning products, toiletries, other) \$ [REDACTED]

Transportation

Vehicle maintenance (oil, repair, license) \$ [REDACTED]

Parking, public transportation \$ [REDACTED]

Clothes (other than children's) \$ [REDACTED]

Personal grooming

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	\$	
<b>TOTAL MONTHLY</b>		<b>\$</b>

E. MONTHLY EDUCATION EXPENSES

o Self	\$	
Books, fees, other	\$	
Other	\$	
<b>TOTAL MONTHLY:</b>		<b>\$</b>

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

Dentists	\$	
Prescriptions	\$	
	\$	
<b>TOTAL MONTHLY:</b>		<b>\$</b>

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**

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

**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.

<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?	_____	_____

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.

<p>a. Name/Address of Person</p> <p><input type="checkbox"/> Has physical custody</p> <p>Name of each child:</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p><input type="checkbox"/> Claims custody rights</p> <p>_____</p>	<p>_____</p> <p><input type="checkbox"/> Claims visitation rights</p> <p>_____</p>
<p>b. Name/Address of Person</p> <p><input type="checkbox"/> Has physical custody</p> <p>Name of each child:</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p><input type="checkbox"/> Claims custody rights</p> <p>_____</p>	<p>_____</p> <p><input type="checkbox"/> Claims visitation rights</p> <p>_____</p>
<p>c. Name/Address of Person</p> <p><input type="checkbox"/> Has physical custody</p> <p>Name of each child:</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p><input type="checkbox"/> Claims custody rights</p> <p>_____</p>	<p>_____</p> <p><input type="checkbox"/> Claims visitation rights</p> <p>_____</p>

**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: \_\_\_\_\_