

**COMPLAINT FOR CUSTODY 31(C)(2)(a)(NO AGREEMENT)  
JUVENILE  
(No custody order in place – NO AGREEMENT between parties)**

1. Instructions
2. Complaint for Custody (with numbered blanks)
3. Complaint for Custody
4. Request for Service/Return
5. Hearing Notice
6. Affidavit of Indigency
7. Affidavit of Income and Expenses
8. Parenting Proceeding Affidavit
9. Health Insurance Affidavit
10. Application for Child Support Services

## INSTRUCTIONS FOR COMPLAINT FOR CUSTODY JUVENILE COURT

Attached are the forms and instructions needed to request custody. The instructions are intended to be a general guide to help you fill out the forms, file them with the Court, and present your request for custody to the Judge. The instructions are not intended to be a legal analysis of your problem or to give you advice about whether your custody request will be granted. They are merely to assist you in preparing and presenting your request for custody.

When these instructions use the word "you," they are referring to the person who is going to obtain custody. That person must sign the Complaint for Custody, Request for Service, and all Affidavits.

### A. FILLING OUT THE FORMS

1. You should fill out these forms before you go to the Courthouse to file them. Except for telling you the time and date of the hearing, the Court employees probably will not help you in completing these forms.

2. You should type or print the information in these forms.

3. **COMPLAINT FOR CUSTODY** - Attached are a sample complaint and an actual complaint form for custody. The blanks in the sample complaint have numbers in them, so that you can follow these instructions regarding how to fill in the blanks on the actual complaint form. In blank #1, fill in the county where you and the children live. In blank #2, fill in the name of the minor children. In blank #3, fill in the mother's name. In blank #4, fill in the father's name. In blank #5, fill in your relationship with the minor children (mother, father, grandparent, family friend, step-parent, etc.). In blank #6, fill in the name of the minor children. In blank #7, fill in the date(s) of birth of the minor children. In blank #8, fill in the name of the father. In blank #9, fill in the address of the father. In blank #10, fill in the name of the mother. In blank #11, fill in the address of the mother. (If you are the father or the mother, fill in these blanks anyway.) In blank #12, state the name of the person with whom the children are now living. In blank #13, state the reason they are living there (a previous court order, the request of Children Services, etc.). In blank #14, state the reason/s it would be best for the children that you be granted custody. In blank #15, sign your name in front of a notary and fill in your address. The notary will complete the rest of the form. A notary public can be found by looking into the Yellow Pages, or can often be found at your local bank.

4. You must also file a **REQUEST FOR SERVICE**. That form is enclosed. Fill in the county name, the names of the children, and case number on the Request for Service just as you did on the Complaint. Check the box for certified mail service. Where indicated, write in the names and addresses of the people you want served with these papers. In general, the biological parents and the person who is caring for the children must be served, but if any of those persons is the person filing these papers to obtain legal custody, that person does not have to be served and does not have to be

listed on the request for service. Sign your name on the last line. Do not fill in any of the blanks on the RETURN OF SERVICE. The Clerk or Sheriff's Department will do that later.

5. 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.

**PLEASE NOTE:**

By filling out and filing this affidavit, you will not avoid having to pay the Court costs. You will avoid having to pay them before you file the papers.

6. You should get a certified copy of the birth certificate of the minor children. However, you should be able to file the paperwork without first obtaining the birth certificate.

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. Fill out the Application for Child Support Services.

11. Make three copies of every page.

**B. FILING THE COMPLAINT AND OTHER PAPERS**

1. After you have filled out all the forms, make three copies of each and go to the office of the Clerk of Court of the Juvenile Court in the county where you and the minor children live. This is the only place you can file your complaint. File the Complaint and Affidavits.

2. There may be a filing fee for the filing of this complaint, and you should ask how much it is. If you are unable to pay the filing fee, you can also file an Affidavit of Indigency, which we have enclosed. Remember, this does not mean that you will never have to pay court costs. It means that you will not have to prepay the costs. It is up to the Court to decide who pays Court costs.

3. At the time of the filing, the Clerk of Courts will take the original and one or two copies of the Complaint and Affidavit. Ask for a time-stamped copy so that you can have a copy for your records.

4. The Court will notify you of the date and time of the hearing and you must appear.

5. You may need to submit a blank hearing notice. If so, submit a blank HEARING NOTICE for the Judge to fill out and mail to the parties. Before you submit the notice, fill in the county name,

the heading with all of the parties' names, and the case number. In the first blank after "Upon motion of \_\_\_\_\_," fill in your name. Leave the blank for the date and the Judge's signature empty. On the bottom of the Notice where it says "cc:" list your name and the other party's (the parents of the children) name.

C. HEARING

1. You must appear at the hearing on the date and at the time the Court schedules it. Take the birth certificate with you.

2. You will probably have to tell the Judge why you want custody and what you want with regard to visitation. You may also want to bring other witnesses who can give important information about you, the children, or the children's other parent. If you can have the children's biological parents there to testify in support of your request for custody, so much the better.

3. 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 from Social Security), and be familiar with the information contained in such papers.

4. Answer the questions truthfully and try to respond to the questions that you are asked. Listen to the question and make sure you understand it before you answer it. 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, and you should ask to have it explained.

**BOTH NATURAL PARENTS, THE CARETAKER OF THE MINOR CHILDREN EVEN IF NOT A NATURAL PARENT, AND THE MINOR CHILDREN ARE ENTITLED TO A COURT-APPOINTED ATTORNEY. IF YOU ARE NOT SATISFIED WITH THE WAY THINGS ARE GOING AND THE COURT IS GIVING YOU ANY DIFFICULTIES, YOU SHOULD ASK FOR A COURT-APPOINTED ATTORNEY.**

**GOOD LUCK!**

**IN THE COURT OF COMMON PLEAS  
JUVENILE DIVISION  
-1- COUNTY, OHIO**

IN THE MATTER OF:

-2-  
\_\_\_\_\_

CASE NO. \_\_\_\_\_

Minor Children

Children of:

-3-  
\_\_\_\_\_

**COMPLAINT FOR CUSTODY**

and

-4-  
\_\_\_\_\_

1. I am the -5- \_\_\_\_\_ of the minor children, -6- \_\_\_\_\_,  
born -7- \_\_\_\_\_.

2. The natural father of the minor children is: -8- \_\_\_\_\_ and he  
resides at -9- \_\_\_\_\_.

3. The natural mother of the minor children is: -10- \_\_\_\_\_ and she  
resides at -11- \_\_\_\_\_.

4. The minor children is/are currently residing with -12- \_\_\_\_\_ because  
-13- \_\_\_\_\_.

It is in the best interest of the children that I be granted custody because \_\_\_\_\_  
-14- \_\_\_\_\_.

5. The children is/are not the ward of another court in Ohio.

WHEREFORE, I hereby request that I be named residential parent and sole custodian of the above minor children.

\_\_\_\_\_  
-15-  
\_\_\_\_\_

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

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

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

IN THE MATTER OF:

\_\_\_\_\_

CASE NO. \_\_\_\_\_

\_\_\_\_\_

Minor Children

Children of:

\_\_\_\_\_

**COMPLAINT FOR CUSTODY**

and

\_\_\_\_\_

1. I am the \_\_\_\_\_ of the minor children, \_\_\_\_\_,  
born \_\_\_\_\_.

2. The natural father of the minor children is: \_\_\_\_\_ and he resides at  
\_\_\_\_\_.

3. The natural mother of the minor children is: \_\_\_\_\_ and she resides  
at \_\_\_\_\_.

4. The minor children is/are currently residing with \_\_\_\_\_ because  
\_\_\_\_\_.

It is in the best interest of the children that I be granted custody because \_\_\_\_\_  
\_\_\_\_\_.

5. The children is/are not the ward of another court in Ohio.

WHEREFORE, I hereby request that I be named residential parent and sole custodian of the  
above minor children.

---

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

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NOTARY PUBLIC

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

In the Matter of:  
\_\_\_\_\_  
\_\_\_\_\_

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

**REQUEST FOR SERVICE**

**TO THE CLERK OF SAID COURT:**

Make service on the following parties:

\_\_\_\_\_  
Name/Address  
\_\_\_\_\_  
\_\_\_\_\_

- 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  
JUVENILE DIVISION  
\_\_\_\_\_ COUNTY, OHIO**

IN THE MATTER OF:

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

\_\_\_\_\_

\_\_\_\_\_

**HEARING NOTICE**

Upon motion of \_\_\_\_\_ and for good cause shown, the herein matter is set for hearing on \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
JUDGE

cc: \_\_\_\_\_

\_\_\_\_\_  
Child Support Enforcement Agency

IN THE COURT OF COMMON PLEAS  
JUVENILE DIVISION

\_\_\_\_\_ 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 \_\_\_\_\_ Case No. \_\_\_\_\_  
 v./and \_\_\_\_\_ Judge \_\_\_\_\_  
 \_\_\_\_\_ Magistrate \_\_\_\_\_  
 Defendant/Petitioner \_\_\_\_\_

**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:	\$

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

E. MONTHLY EDUCATION EXPENSES

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

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

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

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: \_\_\_\_\_

**APPLICATION FOR CHILD SUPPORT SERVICES  
NON-PUBLIC ASSISTANCE APPLICANT**

**IMPORTANT:** If you are receiving ADC or Medicaid, do not complete this application, because you became eligible for child support services when you became eligible to receive ADC or Medicaid.

I the undersigned, \_\_\_\_\_ request Child Support Services from the \_\_\_\_\_ County Child Support Enforcement Agency. I understand and agree to the following conditions:

- A. I am a resident of the County in which services are requested.
- B. Recipients of child support services shall cooperate to the best of their ability with the CSEA. (See attached rights and responsibility information).

The Child Support Enforcement Agency can assist you in providing the following services:

**1. Location of Absent Parents.**

The agency can assist in finding where an absent parent is currently living, in what city, town or state. The applicant can request "Location Services Only", if the sole need is to find the whereabouts of the absent parent.

**2. Establishment or Modification of Child Support and Medical Support.**

The CSEA can assist you to obtain an order for support if you are separated, have been deserted or need to establish paternity (*fatherhood*). The CSEA can also assist you in changing the amount of support orders (*modification*), and to establish a medical support order.

**3. Enforcement of Existing Orders.**

The CSEA can help you collect current and back child support.

**4. Federal and State Income Tax Refund Offset Submittals for the Collection of Child Support Arrearages.**

The agency can assist in collecting back support (*arrearages*) by intercepting a non-payor's federal and state income tax refunds on some cases.

**5. Withholding of Wages and Unearned Income for the Payment of Court Ordered Support.**

The agency can help you get payroll deductions for current and back child support and can intercept unemployment compensation to collect child support.

**6. Establishment of Paternity.**

The agency can obtain an order for the establishment of paternity (*fatherhood*), if you were not married to the father of the child. An absent parent may request paternity services.

**7. Collection and Disbursement of Payments.**

The CSEA can collect the child support for you, and send you a check for the amount of the payments received. Back support collected will be paid to you until all of the back support you are owed is paid.

If you received ADC in the past and support was assigned to the state, back support collected will be paid to the state after you receive back support owed to you.

**8. Interstate Collection of Child Support.**

The agency can assist you in collecting support if the payor is living in another state or in some foreign countries.

C. The only fee you can be charged for services is a one dollar application fee. Some counties pay this fee for the applicants.

D. In providing IV-D services, the CSEA and any of its contracted agents (e.g., prosecutors, attorneys, hearing officers, etc.) represent the best interest of the children of the state of Ohio and do not represent any IV-D recipient or the IV-D recipient's personal interest.

APPLICANT INFORMATION (INFORMATION ABOUT YOU)	
Name	Date of Birth
Social Security Number (SSN)	Current Marital Status (Check One) <input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Divorced <input checked="" type="checkbox"/> Separated <input type="checkbox"/> Deserted <input type="checkbox"/> Widowed

Type(s) of Service(s) Requested: All services listed \_\_\_\_\_ Location of absent parent only \_\_\_\_\_  
 Other (please explain) \_\_\_\_\_

I understand that the Child Support Agency - within 20 days of receiving this application will contact me by a written notice to inform me if my case has been accepted for child support services (IV-D Services).

Signature of Applicant	Date
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Applicants Name (Last, First, Middle)		Telephone Number (Home)		
Address (Street/Route, P.O. Box)		(Work)		
City, State, Zip Code				
<b>INFORMATION ON CHILDREN</b>				
	Child 1	Child 2	Child 3	Child 4
a. Name				
b. Sex				
c. SSN				
d. Date of Birth (DOB)				
e. Name(s) of Absent Parent				
f. Has Paternity (Fatherhood) Been Established?				
g. Is There An Order For Support <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>ABSENT PARENT INFORMATION OR PARENT ORDERED TO PAY CHILD SUPPORT</b>				
	Absent Parent #1	Absent Parent #2	Absent Parent #3	
Name				
Address (City, State, Zip Code)				
SSN				
Date of Birth (DOB)				
Name of Employer				
Address of Employer (City, State, Zip Code)				
Amount of Support Ordered (Wk, Bi-Wk, Mo)				
Case Number on Support Order				
Date of Support Order				
Location Where Order Was Issued (City, County, State)				
Military Service Give Date and Branch Entered				
Arrest Record: Give Date and Place of Arrest				
If the absent parent has been on Public Assistance: Give Date and Place				
Give Name and Address of Current Spouse of Absent Parent				
<input checked="" type="radio"/> Have you ever been on public assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No				
When (Date)	Where (City and State)			County
<b>FOR AGENCY USE ONLY</b>				
Case Name	Date Requested	Date Mailed or Provided		
Case Number	Date Returned or File Date			