

**MOTION FOR CHANGE OF CUSTODY 31(C)(2)**  
**JUVENILE (No Agreement)**  
**(Custody already ordered by Court – want to change with no agreement)**

1. Instructions
2. Motion For Reallocation of Parental Rights & Responsibilities
3. Notice of Hearing
4. Request for Service
5. Affidavit of Indigency
6. Affidavit of Income and Expenses
7. Parenting Proceeding Affidavit
8. Health Insurance Affidavit

## INSTRUCTIONS FOR MODIFICATION OF CUSTODY JUVENILE COURT

Attached is a form motion for modification of an existing custody order. If you do not have an existing custody order, do not use this form. These instructions are intended to be a general guide to help you get the form filled out, filed with the Court, and to get your request properly before the Judge. These instructions are not intended to be a legal analysis of your request or whether or not your motion will be granted, but merely to assist you in preparing and presenting your request.

### A. FILLING OUT THE FORMS

1. You should fill out these forms before you go to the Courthouse to file it. **Other than telling you the time and date of the hearing, the Court staff will not help you in completing the forms.**
2. Attached are the sample motion with the blanks.
3. **MOTION FOR REALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES** - In the #1, 2, 2A, 3 and 4 blanks, fill in the information as it appears on the documents you have previously received from the Court regarding the paternity, custody and visitation with the child/children. In the #5 blank, fill in your relationship with the minor child(ren) (mother or father). In the #6 blank, fill in the name of the minor child(ren). In the #7 blank, fill in the date(s) of birth of the minor child(ren). In the #8 blank fill in the relationship of the other parent (if you are the mother, the other parent is the father). In the #9 blank, fill in the name of the other parent. In the #10 blank, fill in the address of the other parent. In the #11 blank, fill in the name of the person the child(ren) is/are living with at the present time. In the #12 blank, write in the reason the child(ren) is/are living there. In the #13 blank, fill in why it is in the best interest of the child(ren) that you have custody. In the #14 blank, you should 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. The clerk will give you the hearing date for the Notice of Hearing. For the Request for Service, fill in the name of the person who has custody and that person's street address. If you do not have a valid address for that person, don't bother filing the motion. The judge has no authority to grant your motion unless the other person has been served with a copy of the papers and has been given an opportunity to be heard on the motion.
5. If you cannot afford to pay the filing fee, you will need a POVERTY AFFIDAVIT which is enclosed with instructions. This does not mean you will not be responsible for court costs. It means that you would not have to prepay the costs.

6. Fill out the Affidavit of Income and Expenses. Answer all questions as completely and accurately as you can. You must sign the affidavit in front of a Notary Public.
7. Fill out the document called "Parenting Proceeding Affidavit." You must sign the affidavit in front of a Notary Public.
8. Fill out the Health Insurance Affidavit.

**B. FILING THE MOTION**

1. After you have filled all the forms out, make three copies of each and go to the office of the Clerk of Courts of the Juvenile Court in the county where the last order for custody was made. This is the only place you can file the motion. File the Motion, Affidavit of Indigency, Affidavit of Income and Expenses, Parenting Proceeding Affidavit, and Health Insurance Affidavit.
2. At the time of the filing, the Clerk of Courts will take the original and one or two copies of the Motion and Affidavits. Ask for a time-stamped copy so that you can have a copy for your records.
3. Ask the Clerk how to schedule a hearing. Follow the instructions carefully.

**C. HEARING**

1. You will need to appear at the hearing on the date and at the time the Court schedules it. Take the birth certificate with you.
2. You will need 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, your child, or your child's other parent.
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).
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 be sure and ask to have it explained to you.

**YOU, THE OTHER NATURAL PARENT AND THE MINOR CHILD ARE ENTITLED TO A COURT-APPOINTED ATTORNEY. IF YOU ARE NOT SATISFIED WITH THE WAY THINGS ARE GOING AND ARE HAVING DIFFICULTIES, YOU SHOULD ASK FOR A COURT-APPOINTED ATTORNEY. GOOD LUCK!**

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

IN THE MATTER OF:

Case No. -2A-

-2-  
Minor Child(ren)

Child(ren) of:

-3-

DOB: \_\_\_\_\_

and

-4-

DOB: \_\_\_\_\_

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

1. I am the -5- of the minor child(ren), -6-, born -7-.

2. The natural -8- of the minor child(ren) is: -9- and she/he resides at -10-.

3. The minor child(ren) is/are currently residing with -11- because -12-.

It is in the best interest of the child(ren) that the court reallocate parental rights and responsibilities of the child/children to me because -13-.

4. The child(ren) 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 child(ren).

-14-  
NAME  
\_\_\_\_\_  
\_\_\_\_\_

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

---

NOTARY PUBLIC

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

IN THE MATTER OF:

\_\_\_\_\_

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

Minor Child(ren)

Child(ren) of:

\_\_\_\_\_

\_\_\_\_\_

DOB: \_\_\_\_\_

and

\_\_\_\_\_

\_\_\_\_\_

DOB: \_\_\_\_\_

**MOTION FOR RE-ALLOCATION**  
**PARENTAL RIGHTS AND**  
**RESPONSIBILITIES**

1. I am the \_\_\_\_\_ of the minor child(ren), \_\_\_\_\_, born

\_\_\_\_\_.

2. The natural \_\_\_\_\_ of the minor child(ren) is \_\_\_\_\_

\_\_\_\_\_.

3. The minor child(ren) is/are currently residing with \_\_\_\_\_

\_\_\_\_\_ because \_\_\_\_\_

\_\_\_\_\_. It is in the best interest of the child(ren) that the Court reallocate parental rights and responsibilities of the child/children to me because \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

4. The child(ren) 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 child(ren).

\_\_\_\_\_  
NAME  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

IN THE MATTER OF:

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

\_\_\_\_\_

\_\_\_\_\_  
Minor Child(ren)

**NOTICE OF HEARING**

Take notice that a hearing will be held on the foregoing motion in the  
\_\_\_\_\_ County Court of Common Pleas, Juvenile Division, on  
\_\_\_\_\_, the \_\_\_\_\_ day of \_\_\_\_\_, 20  
at \_\_\_\_ o'clock \_\_\_\_ .M.

\_\_\_\_\_

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

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

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

[REDACTED]

Vehicle maintenance (oil, repair, license) \$

[REDACTED]

Parking, public transportation \$

[REDACTED]

Clothes (other than children's) \$

[REDACTED]

**Personal grooming**

[REDACTED]

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

[REDACTED]	
Auto	\$ [REDACTED]
[REDACTED]	
Disability	\$ [REDACTED]
[REDACTED]	
Other _____	\$ _____
<b>TOTAL MONTHLY</b>	
	\$ _____

E. MONTHLY EDUCATION EXPENSES

[REDACTED]	
<input type="checkbox"/> Self	\$ [REDACTED]
[REDACTED]	
Books, fees, other	\$ [REDACTED]
[REDACTED]	
Other _____	\$ _____
[REDACTED]	
<b>TOTAL MONTHLY:</b>	
	\$ _____

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

[REDACTED]	
Dentists	\$ [REDACTED]
[REDACTED]	
Prescriptions	\$ [REDACTED]
[REDACTED]	
_____	\$ _____
<b>TOTAL MONTHLY:</b>	
	\$ _____

G. MISCELLANEOUS MONTHLY EXPENSES

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



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.	
		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.**

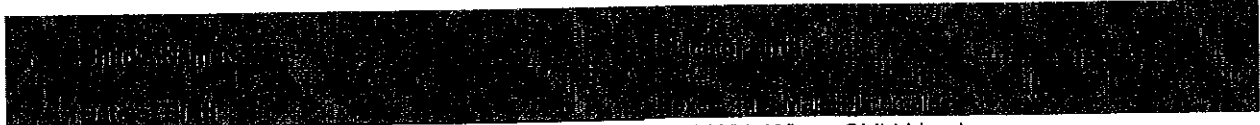
**PARENTING PROCEEDING AFFIDAVIT (R.C. 3127.23(A))**

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.



<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)

	<u><b>Mother</b></u>	<u><b>Father</b></u>
Are your child(ren) currently enrolled in a low-income government-assisted health care program (Healthy Start/Medicaid)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you enrolled in an individual (non-group or COBRA) health insurance plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you enrolled in a health insurance plan through a group (employer or other organization)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are not enrolled, do you have health insurance available through a group (employer or other organization)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the available insurance cover primary care services within 30 miles of the child(ren)'s home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_