

# **INFORMATION FOR PRO SE LITIGANTS - JUV**

## **NOTICE**

These forms and instructions are being provided for persons desiring to file their own motions or complaints. These instructions provide the **minimum** requirements to commence legal proceedings. The Court or Clerk's staff is not allowed by law, to assist you in filling out these forms or with dispensing any legal advice. You are **strongly** encouraged to seek the assistance of a lawyer to provide you with legal advice, as you will be held to the same standard as a lawyer in presenting your case to the court. Failure to present your case properly may result in dismissal of your case and assessment of court costs against you. You will also need to be available to attend all pre-trial hearings and trial.

## **INSTRUCTIONS**

1. Choose what to name your motion or complaint. (Sample attached).
2. State the basis for motion or complaint in your motion or complaint and clearly identify what you are asking for.
3. Attach an affidavit (sworn statement) demonstrating why you are filing your motion or complaint. (sample attached)
4. If you are filing a Contempt action, you must file a show cause order and notice (see attached).
5. Fill out and file all necessary forms. (DR-1), (Affidavit of income and expenses), (Child Custody Affidavit) (samples attached).
6. Direct clerk as to what person should be served with copy of motion or complaint and their correct address. (See bottom of sample motion or complaint)
7. Provide the necessary number of copies of your pleadings to the Clerk.
8. You must pay appropriate court cost deposit, most or all of which may not be refundable, and pay all past due court costs.

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

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	:	Case No.
vs.	Plaintiff	:
	:	PLEADING NAME:
	:	i.e. Motion or Complaint for visitation or
	Defendant	:
	:	custody or to reallocate parental rights or
	:	contempt, etc.
	:	
	Minor Child	

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1.

2.

3.

4.

5.

DIRECTIONS TO COURT:

\_\_\_\_\_  
Your signature

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

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	:	Case No.
vs.	Plaintiff :	
	:	AFFIDAVIT IN SUPPORT
	:	
	Defendant :	
	:	
	Minor Child :	

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I,           Your name          , do hereby solemnly swear or affirm  
that the following is true to the best of my knowledge and belief:

- 1.
- 2.
- 3.
- 4.

\_\_\_\_\_  
Your signature

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

\_\_\_\_\_  
Notary

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

_____ Plaintiff/Petitioner 1  v./and  _____ Defendant/Petitioner 2	Case No.  Judge  Magistrate	_____ _____ _____
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**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**

	_____ Your Name	_____ Spouse's Name
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**

	_____ Your Name	_____ Spouse's Name
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

	_____ Your Name _____	_____ Spouse's Name _____
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 from 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

Rent or first mortgage (including taxes and insurance)	\$	
Real estate taxes (if not included above)	\$	
Real estate/homeowner's insurance (if not included above)	\$	
Second mortgage/equity line of credit	\$	
Utilities		
o Electric	\$	
o Gas, fuel oil, propane	\$	
o Water and sewer	\$	
o Telephone	\$	
o Trash collection	\$	
o Cable/satellite television	\$	
Cleaning, maintenance, repair	\$	
Lawn service, snow removal	\$	
Other:	\$	
	\$	
<b>TOTAL MONTHLY :</b>		<b>\$</b>

**B. OTHER MONTHLY LIVING EXPENSES**

Food	
o Groceries (including food, paper, cleaning products, toiletries, other)	\$ _____
o Restaurant	\$ _____
Transportation	
o Vehicle loans, leases	\$ _____
o Vehicle maintenance (oil, repair, license)	\$ _____
o Gasoline	\$ _____
o Parking, public transportation	\$ _____
Clothing	
o Clothes (other than children's)	\$ _____
o Dry cleaning, laundry	\$ _____
Personal grooming	
o Hair, nail care	\$ _____
o Other _____	\$ _____
Cell phone	\$ _____
Internet (if not included elsewhere)	\$ _____
Other _____	\$ _____
<b>TOTAL MONTHLY</b> \$ _____	

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

Work/education-related child care	\$ _____
Other child care	\$ _____
Unusual parenting time travel	\$ _____
Special and unusual needs of child(ren) (not included elsewhere)	\$ _____
Clothing	\$ _____
School supplies	\$ _____
Child(ren)'s allowances	\$ _____
Extracurricular activities, lessons	\$ _____
School lunches	\$ _____
Other _____	\$ _____
<b>TOTAL MONTHLY</b> \$ _____	

D. INSURANCE PREMIUMS

Life	\$	
Auto	\$	
Health	\$	
Disability	\$	
Renters/personal property (if not included in part A above)	\$	
Other	\$	
<b>TOTAL MONTHLY</b>		\$

E. MONTHLY EDUCATION EXPENSES

Tuition		
o Self	\$	
o Child(ren)	\$	
Books, fees, other	\$	
College loan repayment	\$	
Other	\$	
	\$	
<b>TOTAL MONTHLY:</b>		\$

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

Physicians	\$	
Dentists	\$	
Optometrists/opticians	\$	
Prescriptions	\$	
Other	\$	
	\$	
<b>TOTAL MONTHLY:</b>		\$

G. MISCELLANEOUS MONTHLY EXPENSES

Extraordinary obligations for other minor/handicapped child(ren) (not stepchildren)	\$
Child support for children who were not born of this marriage or relationship and were not adopted of this marriage	\$
Spousal support paid to former spouse(s)	\$
Subscriptions, books	\$
Entertainment	\$



Charitable contributions	\$	
Memberships (associations, clubs)	\$	
Travel, vacations	\$	
Pets	\$	
Gifts	\$	
Bankruptcy payments	\$	
Attorney fees	\$	
Required deductions from wages (excluding taxes, Social Security and Medicare) (type) _____	\$	
Additional taxes paid (not deducted from wages) (type) _____	\$	
Other _____	\$	
	\$	
	\$	
<b>TOTAL MONTHLY:</b>	\$	

H. MONTHLY INSTALLMENT PAYMENTS

(Do not repeat expenses already listed.)

Examples: car, credit card, rent-to-own, cash advance payments

To whom paid	Purpose	Balance due	Monthly payment
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		<b>TOTAL MONTHLY:</b>	\$

**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:

- ☐ 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).
- ☐ 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.

a. Child's Name:

Place of Birth:

Date of Birth:

Sex: ☐ Male ☐ Female

Period of Residence

Check if  
Confidential

Person(s) With Whom Child Lived  
(name & address)

Relationship

to present

☐ Address  
Confidential?

to

☐ Address  
Confidential?

to

☐ Address  
Confidential?

to

☐ Address  
Confidential?

**b. Child's Name:**

**Place of Birth:**

**Date of Birth:**

**Sex:** ☐ Male ☐ Female

☐ 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?	_____	_____

**c. Child's Name:**

**Place of Birth:**

**Date of Birth:**

**Sex:** ☐ Male ☐ Female

☐ 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 has physical custody or claims 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/have physical custody or claim(s) 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 1		Case No.	
		Judge	
v./and		Magistrate	
Defendant/Petitioner 2			

**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)

\_\_\_\_\_ Your Name \_\_\_\_\_ Spouse's Name

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

\_\_\_\_\_ Your Name \_\_\_\_\_ Spouse's Name

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: \_\_\_\_\_



COURT OF COMMON PLEAS

COUNTY, OHIO

Plaintiff

v.

Defendant

Case No.

Judge

Magistrate

**Instructions:** Check local court rules to determine when this form must be filed.  
This form is used to request temporary orders in your divorce or legal separation case. After a party serves a Motion and Affidavit, the other party has 14 days to file a Counter Affidavit and serve it on the party who filed the motion. **If more space is needed, add additional pages.**

☐ MOTION AND AFFIDAVIT OR ☐ COUNTER AFFIDAVIT  
FOR TEMPORARY ORDERS  
WITHOUT ORAL HEARING

Check one box below to show whether you are filing a (1) Motion and Affidavit or (2) Counter Affidavit.

☐ **(1) Motion and Affidavit**

(Print Your Name) \_\_\_\_\_ files this Motion and Affidavit  
under Rule 75(N) of the Ohio Rules of Civil Procedure to request the temporary orders checked here.

Check only those that apply.

\_\_\_\_\_ Residential parenting rights (custody)  
\_\_\_\_\_ Parenting time (visitation)  
\_\_\_\_\_ Child support  
\_\_\_\_\_ Spousal support (alimony)  
\_\_\_\_\_ Payment of debts and/or expenses

THE OTHER PARTY HAS 14 DAYS FROM THE DATE ON WHICH THIS MOTION IS SERVED TO FILE A  
COUNTER AFFIDAVIT AND SERVE IT UPON THE PARTY WHO FILED THE MOTION. (See below.)

☐ **(2) Counter Affidavit**

(Print Your Name) \_\_\_\_\_ files this Counter Affidavit in  
response to a Motion and Affidavit.

**Complete the following information, whether filing Motion and Affidavit or Counter Affidavit. Check all that apply.**

1. ☐ My spouse and I are living separately.  
Date of separation is \_\_\_\_\_ .
- ☐ My spouse and I are living together.
- ☐ We have no minor children. (Skip to number 5.)
- ☐ There are minor child(ren) who are adopted or born of this marriage.  
(List children here.)

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

- ☐ In addition to the above children there is/are in my household:  
\_\_\_\_\_ adult(s)  
\_\_\_\_\_ other minor and/or dependent child(ren).

2. My child(ren) attend(s) school in:

- ☐ My school district
- ☐ The other parent's school district
- ☐ Open enrollment
- ☐ Other (Explain.) \_\_\_\_\_ .
- ☐ All children do not attend school in the same district. (Explain.) \_\_\_\_\_

3. ☐ I request to be named the temporary residential parent and legal custodian of the child(ren).  
(Specify child(ren) if request is not for all children.) \_\_\_\_\_
- ☐ I do not object to my spouse being named the temporary residential parent of the child(ren).
- ☐ I request the following parenting time order:
- ☐ The Court's standard parenting order (See county's local rules of court.)
- ☐ A specific parenting time order as follows:

☐ I have reached an agreement regarding parenting time with my spouse as follows:

☐ I request that my spouse's parenting time (visitation) be supervised. (Explain--supervised parenting time order will NOT be granted if the reasons are not explained.)

Name of an appropriate supervisor \_\_\_\_\_

4. ☐ A court or agency has made a child support order concerning the child(ren).

Name of Court/Agency \_\_\_\_\_

Date of Order \_\_\_\_\_

SETS No. \_\_\_\_\_

5. I request the Court to order my spouse to pay:

☐ \$ \_\_\_\_\_ child support per month

☐ \$ \_\_\_\_\_ spousal support per month

☐ \$ \_\_\_\_\_ attorney fees, expert fees, court costs

☐ The following debts and/or expenses:

☐ Other

6. ☐ I am willing to attend mediation.

☐ I am not willing to attend mediation.

☐ I request the following court services. (See local rules of court for available services.)

State specific reasons why court services are required.

### 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:

### NOTICE OF HEARING

(Check with local court for scheduling procedure.)

You are hereby given notice that this motion for temporary orders will be heard upon affidavits only, and without oral testimony, before Judge/Magistrate \_\_\_\_\_, Hearing Room \_\_\_\_\_, at \_\_\_\_\_ a.m./p.m. on \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ floor.

### CERTIFICATE OF SERVICE

Check the boxes that apply.

I delivered a copy of my: ☐ Motion and Affidavit or ☐ Counter Affidavit

On: (Date) \_\_\_\_\_, 20\_\_\_\_

To: (Print name of other party's attorney or, if there is no attorney, print name of the party.) \_\_\_\_\_

At: (Print address or fax number.) \_\_\_\_\_

By: ☐ U.S. Mail  
☐ Fax  
☐ Messenger  
☐ Clerk of courts (if address is unknown)

\_\_\_\_\_  
Your Signature

## **APPLICATION FOR CHILD SUPPORT SERVICES NON-PUBLIC ASSISTANCE APPLICANT/RECIPIENT**

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

I, \_\_\_\_\_, request child support services from the \_\_\_\_\_ CSEA (Child Support Enforcement Agency). I understand and agree to the following:

- A. I am a resident of the county in which services are requested and no other Ohio county has jurisdiction over support – OR – I am requesting services from the Ohio county of jurisdiction.
- B. The only fee that can be charged for services is a one dollar application fee. Some counties pay this fee for the applicants.
- C. Recipients of child support services shall cooperate to the best of their ability with the CSEA. (See attached rights and responsibility information).
- 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.

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 Only Services', if the sole need is to find the whereabouts of the absent parent.
- 2. Establishment or Adjustment 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 (adjustment), and to establish a medical support order.
- 3. Enforcement of Existing Orders.**  
The CSEA can help you collect current and past-due child support.
- 4. Federal and State Income Tax Refund Offset Submittals for the Collection of Child Support Arrearages.**  
The agency can collect past-due support (arrearages) by intercepting a payor's federal and state income tax refunds in 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 past-due 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. Past-due support collected will be paid to you until all of the past-due support you are owed is paid.
- 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.

## APPLICANT INFORMATION

Name: _____	Date of Birth: _____
Home Address: _____ _____ _____	Mailing Address: _____ _____ _____
Home Phone #: _____	
Social Security #: _____	Sex: _____
Race: _____	<input type="checkbox"/> Single <input type="checkbox"/> Married
Relationship to Children: _____	<input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Military Service _____	Ever been on _____
(Branch, Dates): _____ _____ _____	Public Assistance? _____ (When and Where) _____ _____

## EMPLOYER INFORMATION

Employer Name: _____	Employer Phone #: _____
Employer _____	Is Medical Insurance Available? _____
Address: _____ _____ _____	_____

	CHILD 1	CHILD 2	CHILD 3
--	---------	---------	---------

Name:			
Sex:			
Race:			
Social Security #:			
Date of Birth:			
Home Address:			

Location of Birth: (Country, State, City)			
Has Paternity (Fatherhood) been Established?			
Name(s) of Absent Parent(s):			
Is there an Order for Support?			
Is the Child covered by Medical Insurance?			

### ABSENT PARENT INFORMATION

	PARENT 1	PARENT 2	PARENT 3
Name (and alias):			
Home Address:			
Mailing Address:			
Social Security #:			
Date of Birth:			
Location of Birth (Country, State, City):			
Race:			
Sex:			
Height / Weight:			
Hair / Eye Color:			
Identifying Marks (Tattoos, scars, etc.):			
Names of Children:			
Name and Address of Employer:			

Employer Phone #:			
Medical Insurance Provided?			
Support Order #:			
Date of Support Order:			
Amount of Support:	\$	\$	\$
Order Frequency:	Per	Per	Per
Location where Order was issued:			
Military Service (Branch, Dates):			
Ever Incarcerated? (Location, Dates):			
Arrest Record (Location, Dates):			
Name, Address Current Spouse:			
Father's Name:			
Mother's Name (Maiden):			
Ever been on Public Assistance? (Location, Dates)			

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: \_\_\_\_\_



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

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	:	Case No.
Plaintiff		
vs.	:	JOURNAL ENTRY
Defendant	:	
Minor Child	:	

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

You are hereby **ORDERED** to appear and show cause why you should not be held in contempt, for failing to obey the previous Orders of this Court, specifically violation of previous orders of Court \_\_\_\_\_.

You are **ORDERED** to appear in the Auglaize County Common Pleas Court on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ .m. and show cause why you should not be held in Contempt of this Court.

**IT IS SO ORDERED**

\_\_\_\_\_  
Judge Mark E. Spees

**NOTICE**

1. Failure to appear as ordered can result in the issuance of a bench warrant for your arrest.
2. You are entitled to retain counsel to represent you.
3. A continuance may not be granted to obtain counsel if you have made no good faith effort to secure one.
4. If found guilty, you could be sentenced as follows:
  - a. First offence – A fine of not more than \$250.00, a definite term of imprisonment of not more than 30 days in jail, or both.
  - b. Second offence – A fine of not more than \$500.00, a definite term of imprisonment of not more than 60 days in jail, or both.
  - c. Third offence – A fine of not more than \$1,000.00, a definite term of imprisonment of not more than 90 days in jail, or both.

**INSTRUCTIONS TO THE CLERK**

The Clerk of Courts shall cause a copy of this Journal Entry, Motion for Contempt, and Journal Entry to be served on:  
\_\_\_\_\_  
\_\_\_\_\_.

**AUGLAIZE COUNTY COURT OF COMMON PLEAS  
PERSONAL IDENTIFIERS/SENSITIVE INFORMATION SHEET**

**PROVIDE SEPARATE INFORMATION SHEET IF THERE IS MORE THAN ONE  
PLAINTIFF AND/OR DEFENDANT**

**CASE NO:** \_\_\_\_\_

(Please type or print)

- ☐ Atty. For Petitioner/Plaintiff  
☐ Atty. For Respondent/Defendant  
☐ Petitioner/Plaintiff  
☐ Respondent/Defendant

Atty. Reg. No.: \_\_\_\_\_  
Atty. Reg. No.: \_\_\_\_\_

**Petitioner/Plaintiff Name/Addresses**

**Respondent/Defendant Name/Addresses**

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

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

**Social Security No.** \_\_\_\_\_  
**Driver's Lic. No.** \_\_\_\_\_

**Social Security No.** \_\_\_\_\_  
**Driver's Lic. No.** \_\_\_\_\_

**Employer/Employee ID Numbers:**

**Employer/Employee ID Numbers:**

\_\_\_\_\_  
\_\_\_\_\_  
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**Financial Account Info.**

**Financial Account Info.**

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**Children  
Name**

**Date of Birth**

**Social Security No.**

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Any additional information must be provided on a separate sheet. The personal identifier/sensitive information will be kept in a separate envelope for court personnel only/or for other agencies authorized by law of by the Court.