

## **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 costs.

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

<hr style="border-top: 1px dashed black;"/>	
	: Case No.
Plaintiff/Petitioner	:
vs.	: PLEADING NAME:
	i.e. Motion visitation or custody or
	: to reallocate parental rights or
Defendant/Respondent	contempt, etc.
<hr style="border-top: 1px dashed black;"/>	

- 1.
  
- 2.
  
- 3.
  
- 4.
  
- 5.

DIRECTIONS TO CLERK:

\_\_\_\_\_  
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

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

\_\_\_\_\_  
Plaintiff/Petitioner 1

vs./and

\_\_\_\_\_  
Defendant/Petitioner 2

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

Judge: MARK E. SPEES

**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. Do not leave any category blank. For each item, if none, put "NONE." 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 BASIC INFORMATION, INCOME, AND EXPENSES**

Affidavit of \_\_\_\_\_  
(Print Name)

Date of marriage \_\_\_\_\_ Date of separation \_\_\_\_\_

**SECTION I – BASIC INFORMATION**

Plaintiff/Petitioner 1

Defendant/Petitioner 2

Date of Birth _____	Date of Birth _____
Last 4 Digits of Social Security # XXX-XX-_____	Last 4 Digits of Social Security # XXX-XX-_____
Phone Number _____	Phone Number _____
Email Address _____	Email Address _____
Is an interpreter needed? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, explain: _____	Is an interpreter needed? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, explain: _____
Health: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor If health is not good, please explain:  	Health: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor If health is not good, please explain:  

Education: ( <i>Check highest level achieved</i> ) <input type="checkbox"/> Grade School <input type="checkbox"/> High School <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Post Graduate	Education: ( <i>Check highest level achieved</i> ) <input type="checkbox"/> Grade School <input type="checkbox"/> High School <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Post Graduate
Other Technical Certifications:  Active Member of the U.S. Military <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Technical Certifications:  Active Member of the U.S. Military <input type="checkbox"/> Yes <input type="checkbox"/> No

## SECTION II – INCOME

	<b><u>Plaintiff/Petitioner 1</u></b>	<b><u>Defendant/Petitioner 2</u></b>
Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Employment	_____	_____
Name of 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

	<b><u>Plaintiff/Petitioner 1</u></b>	Year	<b><u>Defendant/Petitioner 2</u></b>
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

	<b><u>Plaintiff/Petitioner 1</u></b>	<b><u>Defendant/Petitioner 2</u></b>
Base Yearly Income	\$ _____	\$ _____
Average yearly overtime, commissions, and/or bonuses over last 3 years (from part A)	\$ _____	\$ _____

Unemployment Compensation	\$ _____	\$ _____
Disability Benefits		
Workers' Compensation	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Retirement Benefits		
Social Security	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Spousal Support Received	\$ _____	\$ _____
Interest and dividend income ( <i>source</i> ) _____	\$ _____	\$ _____
Other income ( <i>type and source</i> ) _____	\$ _____	\$ _____
<b>TOTAL YEARLY INCOME</b>	\$ _____	\$ _____
Supplemental Security Income (SSI) and/or public assistance	\$ _____	\$ _____
Social Security or Veteran's benefits received for child(ren)		
<input type="checkbox"/> Based on parent's disability		
<input type="checkbox"/> Based on child's disability	\$ _____	\$ _____
Child support you receive from a child support enforcement agency or court order for minor and/or dependent child(ren) not of the marriage or relationship	\$ _____	\$ _____

### SECTION III – CHILDREN AND HOUSEHOLD RESIDENTS

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

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

In addition to the above child(ren):

Plaintiff/Petitioner 1 has \_\_\_\_\_ other minor biological or adopted child(ren).

Defendant/Petitioner 2 has \_\_\_\_\_ other minor biological or adopted child(ren).

There is/are \_\_\_\_\_ adult(s) in your household.

## SECTION IV – EXPENSES

List monthly expenses below for your present household.

### A. MONTHLY HOUSING EXPENSES

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

### B. OTHER MONTHLY LIVING EXPENSES

Food	
◦ Groceries (including food, paper, cleaning products, toiletries, and other)	\$ _____
◦ Restaurant	\$ _____
Transportation	
◦ Vehicle loan, lease	\$ _____
◦ Vehicle maintenance	\$ _____
◦ Gasoline	\$ _____

◦ Parking, public transportation	\$ _____
Clothing	
◦ Clothes (other than child(ren)'s)	\$ _____
◦ Dry cleaning and laundry	\$ _____
Personal grooming	
◦ Hair and nail care	\$ _____
◦ Other: _____	\$ _____
Other: _____	\$ _____
<b>TOTAL MONTHLY: \$ _____</b>	

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

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

**D. MONTHLY INSURANCE PREMIUMS**

Life	\$ _____
Auto	\$ _____
Health	\$ _____
Disability	\$ _____
Other: _____	\$ _____
<b>TOTAL MONTHLY: \$ _____</b>	



**E. MONTHLY WORK AND EDUCATION EXPENSES FOR SELF**

Mandatory work expenses (union dues, uniforms, or other)	\$ _____
Additional income taxes paid (not deducted from wages)	\$ _____
Tuition	\$ _____
Books, fees, and other	\$ _____
College loan	\$ _____
Other: _____	\$ _____
_____	\$ _____
<b>TOTAL MONTHLY:</b>	<b>\$ _____</b>

**F. MONTHLY HEALTH CARE EXPENSES**

(not covered by insurance)

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

**G. MISCELLANEOUS MONTHLY EXPENSES**

Extraordinary obligations for other minor/handicapped child(ren) [for child(ren) who were not born of this marriage or relationship and were not adopted by these parties]	\$ _____
Child support for child(ren) who were not born of this marriage or relationship and were not adopted by these parties	\$ _____
Expenses paid for adult child(ren) or other dependent(s)	\$ _____
Spousal support paid to former spouse(s)	\$ _____
Subscriptions and books	\$ _____
Charitable contributions	\$ _____
Memberships (associations and clubs)	\$ _____
Travel and vacations	\$ _____
Pets	\$ _____
Gifts	\$ _____
Attorney fees	\$ _____

Other: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
**TOTAL MONTHLY: \$ \_\_\_\_\_**

**H. MONTHLY INSTALLMENT PAYMENTS INCLUDING BANKRUPTCY PAYMENTS**

*(Do not repeat expenses already listed.)*

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

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

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

**OATH OR AFFIRMATION**  
(Do not sign until Notary Public is present)

I, (print name) \_\_\_\_\_, swear or affirm that I have read this Affidavit and, to the best of my knowledge and belief, the facts and information stated in this Affidavit 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

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) **SS**

Sworn to or affirmed before me by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

Commission Expiration Date: \_\_\_\_\_

(Affix seal here)

**IN THE COURT OF COMMON PLEAS**

**JUVENILE**

**DIVISION**

**AUGLAIZE**

**COUNTY, OHIO**

Plaintiff/Petitioner 1	Case No.	
	Judge	MARK E. SPEES
vs./and	Magistrate	
Defendant/Petitioner 2/Respondent		

**Instructions:** Check local court rules to determine when this form must be filed. By law, this affidavit must be filed and served with any Complaint, Petition or Motion regarding the allocation of parental rights and responsibilities, parenting time, custody, or visitation. 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 Name)

**ONLY CHECK THE FOLLOWING BOX IF YOU BELIEVE THAT THE HEALTH, SAFETY, OR LIBERTY OF YOURSELF OR YOUR CHILD(REN) WOULD BE JEOPARDIZED BY THE DISCLOSURE OF YOUR ADDRESS OR IDENTIFYING INFORMATION. YOU ACKNOWLEDGE THAT THE COURT MAY CONDUCT A HEARING REGARDING THE BASIS FOR YOUR REQUEST.**

☐ Pursuant to R.C. 3127.23(D), I allege that my health, safety, or liberty or that of my child(ren) would be jeopardized by the disclosure of identifying information to my spouse or the public. Therefore, I request that my address be placed under seal. I have marked the corresponding box next to each address I am requesting to be sealed.

**1. (Number): \_\_\_\_\_ Minor child(ren) is/are subject to this case as follows:**

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

<b>a. Child's name</b>		<b>Place of birth</b>	<b>Date of birth</b>	<b>Sex</b> <input type="checkbox"/> M <input type="checkbox"/> F
Date of residence	Address Confidential	Person child lived with (name and address)		Relationship
_____ to present	<input type="checkbox"/>			
_____ to _____	<input type="checkbox"/>			

to _____	<input type="checkbox"/>	_____	_____
to _____	<input type="checkbox"/>	_____	_____

<b>b. Child's name</b> _____	<b>Place of birth</b> _____	<b>Date of birth</b> _____	<b>Sex</b> <input type="checkbox"/> M <input type="checkbox"/> F
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☐ Check this box if the information below is the same as in Section 1(a). Skip to the next question.

Date of residence	Address Confidential	Person child lived with (name and address)	Relationship
_____ to present	<input type="checkbox"/>	_____	_____
to _____	<input type="checkbox"/>	_____	_____
to _____	<input type="checkbox"/>	_____	_____
to _____	<input type="checkbox"/>	_____	_____

<b>c. Child's name</b> _____	<b>Place of birth</b> _____	<b>Date of birth</b> _____	<b>Sex</b> <input type="checkbox"/> M <input type="checkbox"/> F
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☐ Check this box if the information below is the same as in Section 1(a). Skip to the next question.

Date of residence	Address Confidential	Person child lived with (name and address)	Relationship
_____ to present	<input type="checkbox"/>	_____	_____
to _____	<input type="checkbox"/>	_____	_____
to _____	<input type="checkbox"/>	_____	_____
to _____	<input type="checkbox"/>	_____	_____

d. Additional children are listed on Attachment 1(d). (Provide requested information for additional children on an attachment labeled 1(d).)

**2. 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.

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

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

**3. Information about custody case(s): (Check only one box)**

- ☐ I **HAVE NO INFORMATION** of any 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 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, other than listed in Paragraph 2.

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

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

**4. Information about criminal convictions:**

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.

NAME	CASE NUMBER	COURT/COUNTY/STATE	CHARGE

**5. Persons not a party to this case: (Check only one box)**

- ☐ I **DO NOT KNOW OF ANY PERSON** 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: \_\_\_\_\_

**6. I understand that I have a continuing duty to advise this Court of any custody, visitation, parenting time, divorce, dissolution of marriage, separation, neglect, abuse, dependency, guardianship, parentage, termination of parental rights, or protection order from domestic violence case concerning the children about whom information is obtained during this case.**

**OATH OR AFFIRMATION**  
*(Do not sign until Notary Public is present)*

I, (print name) \_\_\_\_\_, swear or affirm that I have read this Affidavit and, to the best of my knowledge and belief, the facts and information stated in this Affidavit 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

STATE OF \_\_\_\_\_ )  
 ) SS  
 COUNTY OF \_\_\_\_\_ )

Sworn to or affirmed before me by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
 Signature of Notary Public

\_\_\_\_\_  
 Printed Name of Notary Public

Commission Expiration Date: \_\_\_\_\_

(Affix seal here)

IN THE COURT OF COMMON PLEAS

JUVENILE

DIVISION

AUGLAIZE

COUNTY, OHIO

Plaintiff/Petitioner 1

vs./and

Defendant/Petitioner 2

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

Judge MARK E. SPEES

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 of the relationship. It is also used to determine child support. **If more space is needed, add additional pages.**

HEALTH INSURANCE AFFIDAVIT

Affidavit of \_\_\_\_\_  
(Print Name)

**Plaintiff/Petitioner 1**

**Defendant/Petitioner 2**

Is/are your child(ren) currently enrolled in a government-provided program (i.e. Healthy Start/ Medicaid)?

☐

Yes

☐

No

☐

Yes

☐

No

Is/are your child(ren) enrolled in an individual (non-group or COBRA) health insurance plan?

☐

Yes

☐

No

☐

Yes

☐

No

Is/are your child(ren) enrolled in a plan found through the exchange/Affordable HealthCare Marketplace?

☐

Yes

☐

No

☐

Yes

☐

No

Is/are your child(ren) enrolled in a health insurance plan through a group (employer or other organization)?

☐

Yes

☐

No

☐

Yes

☐

No

If your child(ren) is/are not enrolled, does/do he/she/they 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 children's home?

☐

Yes

☐

No

☐

Yes

☐

No

Under the available insurance, what is the annual premium you pay for family coverage?

\$

\_\_\_\_\_

\$

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

Phone Number

\_\_\_\_\_

\_\_\_\_\_



*(Do not sign until Notary Public is present)*

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Your Signature

Sworn to or affirmed before me by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Affix seal here)

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

Plaintiff _____	Case No. _____
vs.	Judge <u>MARK E. SPEES</u>
Defendant _____	Magistrate _____

**WARNING: This form is not a substitute for the benefit of the advice of legal counsel. It is highly recommended that you consult an attorney.**

**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. The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file. **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 (A) Motion and Affidavit or (B) Counter Affidavit.

☐ **(A) Motion and Affidavit**

\_\_\_\_\_ (name), the Movant, files this Motion and Affidavit under Civ.R. 75(N) and/or under R.C. 3109.043 to request the temporary orders checked here.

Check only those that apply.

_____	Residential parenting rights (custody)
_____	Parenting time (companionship or visitation)
_____	Child support
_____	Spousal support (if married)
_____	Payment of debts and/or expenses
_____	Other: _____

THE OTHER PARTY HAS FOURTEEN (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*)

☐ **(B) Counter Affidavit**

Movant 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. ☐ The parties are living separately.  
Date of separation is \_\_\_\_\_.
- ☐ The parties are living together.
- ☐ The parties have no minor children. (*Skip to number 6*)
- ☐ The parties have (a) minor child(ren) who was/were born from or adopted during this relationship.  
(*List child(ren) here*)

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

- ☐ In addition to the above child(ren),  
Movant has \_\_\_\_\_ other biological or adopted minor child(ren).  
Other party has \_\_\_\_\_ other biological or adopted minor child(ren).  
There is/are \_\_\_\_\_ adult(s) in Movant's household.

2. Movant's child(ren) attend(s) school in:
- ☐ \_\_\_\_\_ public school district
- ☐ Other: (*Explain*) \_\_\_\_\_
- ☐ All children do not attend school in the same district. (*Explain*) \_\_\_\_\_

3. ☐ Movant requests to be named the temporary residential parent and/or legal custodian of the child(ren): (*Specify child(ren) if request is not for all child(ren)*)

- ☐ Movant does not object to the other parent or party being named the temporary residential parent and/or legal custodian of the child(ren): (*Specify child(ren) if request is not for all child(ren)*)

4. ☐ Movant has reached an agreement regarding parenting time (companionship or visitation) with the other parent or party as follows:

- ☐ Movant wishes to exercise the following parenting time (companionship or visitation):

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- ☐ Movant wishes for the other parent or party to exercise the following parenting time (companionship or visitation):

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- ☐ Movant requests that the other parent or party's parenting time (companionship or visitation) be supervised: *(Explain the reason for request.)*

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

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

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

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

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

6. Movant requests the Court to order the other parent or party to pay:

- ☐ \$ \_\_\_\_\_ child support per month  
☐ \$ \_\_\_\_\_ spousal support per month (only if married)  
☐ \$ \_\_\_\_\_ attorney fees, expert fees, Court costs  
☐ The following debts and/or expenses:

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7. ☐ Movant requests the Court order the following other relief:

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8. ☐ Movant is willing to attend mediation.  
☐ Movant is not willing to attend mediation.

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Supreme Court Reg No. (if any)

*(Do not sign until Notary Public is present)*

Signature

Sworn to or affirmed before me by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_.

(Affix seal here)

**NOTICE OF HEARING**

*(Check with local Court to obtain a hearing date and time and for scheduling procedure)*

You are hereby given notice that this Motion for Temporary Orders will come before the Court for consideration on Affidavits only, without oral testimony, before Judge/Magistrate \_\_\_\_\_, at \_\_\_\_\_ a.m./p.m. on \_\_\_\_\_, 20\_\_\_\_\_.

**CERTIFICATE OF SERVICE**

*(Check the boxes that apply)*

I delivered a copy of the: ☐ 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: ☐ As instructed in the Request for Service (Uniform Domestic Relations Form 31/Uniform Juvenile Form 10) filed with the Clerk of Courts

☐ Regular U.S. Mail

☐ Fax

☐ Hand Delivery

☐ Other: \_\_\_\_\_

\_\_\_\_\_  
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	
Address:	_____	Insurance	
	_____	Available?	_____
	_____		

	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: \_\_\_\_\_

**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**

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**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.