

## **Disclaimer**

Please be aware that these forms do not include instructions or legal advice regarding your rights, responsibilities, and legal options.

To be fully informed and get answers to your questions, you should seek the advice of an attorney.

## **Instructions**

Please read these Instructions in their entirety.

You must complete every form provided within the "Scenario" for your particular case.

Please print clearly or type the information on the forms. Do not leave any spaces blank. If you do not know the answer, state "unknown". If it is not applicable, state "N/A". **The Court will not accept incomplete forms for filing.**

A filing fee is required at the time of the filing of each case. This deposit will be used for court costs relating to your case. Court costs in your case may be more or less than the deposit. The court will decide who pays any remaining costs at the end of your case.

The filing fees are as follows:

Divorce - \$450

Answer to Divorce - \$0

Counterclaim for Divorce - \$250

Reply to Counterclaim for Divorce - \$0

Dissolution - \$450

Complaint for Parentage, Allocation of Parental Rights and Responsibilities and Parenting Time - \$450

Post Decree Motions - \$350

-Motion for Change of Parenting Time

-Motion for Change of Child/Medical Support, Tax Exemption, or Other Child-Related Expenses

-Motion for Contempt

-Motion for Change of Parental Rights

If you do not have funds to pay the filing fee, you must complete the "Financial Disclosure/Fee-Waiver Affidavit", found under "Individual Forms". Please note, it is possible that you may still have to pay the court costs in whole or in part, at the end of your case.

## **Request for Service**

You must complete the "Request for Service" in this packet and file with your other court documents. All necessary parties must be served with the court documents you are filing. It is **your** responsibility to make sure that the documents are served upon the other party(ies). You may choose to have the documents served by:

- 1) Certified Mail. If the Certified mail is returned *unclaimed*, you may attempt service by regular mail.
- 2) Personal Service (usually by the county sheriff where the person(s) resides).
- 3) Service by publication, as permitted by the Civil Rules.

***Costs for service will be added to the court costs at the end of your case.***

**YOU MUST PROVIDE THE CLERK OF COURTS THE ORIGINAL AND THREE (3) COPIES OF EACH DOCUMENT THAT YOU FILE IN YOUR CASE. *\*If your case involves children, you must provide Original and four (4) copies of each document.***

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

IN THE MATTER OF:

A Minor			
Name	:	Case No.	_____
Street Address	:	Judge	_____
City, State and Zip Code	:	Magistrate	_____
Plaintiff/Petitioner	:		
vs.	:		
Name	:		
Street Address	:		
City, State and Zip Code	:		
Defendant/Petitioner	:		

**Instructions:** This form is used to request the enforcement of a court order and hold the other party in contempt for violating the court order. A Request for Service (Uniform Domestic Relations Form 28) and a proposed Show Cause Order, Notice and Instructions to the Clerk (Uniform Domestic Relations Form 22) must be filed with this Motion. Check local court procedures.

**MOTION FOR CONTEMPT AND AFFIDAVIT**

I, \_\_\_\_\_ (name), request an order for  
 \_\_\_\_\_ (other party's name) to appear and show cause  
 why he/she should not be held in contempt for violating a court order and a finding of contempt for violating  
 the court order regarding the following (check all that apply):

1.  Interference with parenting time or other parenting orders filed on \_\_\_\_\_ (date).
  
2.  Failure to pay child support, as required by the order filed on \_\_\_\_\_ (date)  
 and the total arrearage owed is \$ \_\_\_\_\_  
*(Bring to the hearing an up-to-date printout from the County Child Support Enforcement Agency  
 showing the amount of the child support owed to you.)*
  
3.  Failure to pay spousal support, as required by the order filed on \_\_\_\_\_ (date)

and the total arrearage owed is \$ \_\_\_\_\_  
(Bring to the hearing an up-to-date printout from the County Child Support Enforcement Agency or other independent proof showing the amount owed to you.)

4.  Payment or reimbursement of health care expenses incurred for the minor child(ren). Attach an Explanation of Health Care Bills (Uniform Domestic Relations Form 26) and bring to the hearing the following documents:
- a. Copies of each bill for which you seek reimbursement;
  - b. Proof of payment by you. Proof of payment may include a receipt for payment signed by the health care provider, a copy of a cancelled check, or a copy of a credit card statement verifying the amount paid; and
  - c. Explanation of Benefits forms showing payment made by the health insurance carrier.
5.  Failure to comply with the Court's orders of \_\_\_\_\_ (date) regarding (check all that apply):
- Transfer of real estate, as follows: \_\_\_\_\_
  - Payment of debt, as follows: \_\_\_\_\_
  - Refinance of debt, as follows: \_\_\_\_\_
  - Distribution of personal property, as follows: \_\_\_\_\_
  - Other (specify): \_\_\_\_\_
6. Costs and any other relief as necessary and proper are also requested.

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

\_\_\_\_\_  
Telephone number at which the Court may reach you or at which messages may be left for you

**OATH**

(Do not sign until Notary is present.)

I, \_\_\_\_\_ (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: \_\_\_\_\_

\_\_\_\_\_ vs \_\_\_\_\_

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

**CLASSIFICATION FORM**

Has this case been previously filed & dismissed? \_\_\_\_\_

If yes, list Case Number and

Judge: \_\_\_\_\_

List any case pending or related case filed in Seneca County Common Pleas Court: \_\_\_\_\_

INDICATE CLASSIFICATION INTO WHICH THIS CASE FALLS:

**A. PROFESSIONAL TORT**

- Personal Injury
- Wrongful Death
- Legal Malpractice
- Medical Malpractice
- Other Professional Tort

**B. PRODUCT LIABILITY**

- Personal Injury
- Wrongful Death

**C. OTHER TORT**

- Personal Injury
- Vehicle Accident
- Wrongful Death

**D. WORKER'S COMPENSATION**

- Non-Compliance Employer
- Appeal

**E. FORECLOSURE**

- Foreclosure
- Foreclosure (Taxes)

**F. ADMINISTRATIVE APPEAL**

- Appeal Civil Service
- Appeal Motor Vehicle
- Appeal Unemployment
- Appeal Liquor
- Appeal Taxes
- Appeal Zoning

**H. OTHER CIVIL**

- Accounting
- Appropriation
- Beyond Jurisdiction
- Breach of Contract
- Cancel Land Contract
- Change of Venue
- Class Action
- Consumer Sales Act
- Convey Declared Void
- Declaratory Judgment
- Discharge Mechanic's Lien
- Dissolve Partnership
- Habeas Corpus
- Mandamus
- Miscellaneous
- Sale of Real Estate
- Specific Performance
- Restraining Order
- Testimony
- Civil Stalking Protection Order

**I. DOMESTIC RELATIONS**

- A. Termination with Children
- B. Termination without Children
- C. Dissolution with Children
- D. Dissolution without Children
- E. Change of Residential Parent
- F. Parenting Time Enf./Modification
- G. Support Enf./Modification
- H. Domestic Violence
- I. URESA
- J. Parentage
- K. All Other

ATTORNEY'S NAME: \_\_\_\_\_

(PLEASE PRINT NAME)

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

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

vs./and

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

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

Judge \_\_\_\_\_

Magistrate \_\_\_\_\_

**Instructions:** Check local court rules to determine when this form must be filed. This affidavit is used to make complete disclosure of income, expenses, and money owed. It is used to determine child and spousal support. 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 \_\_\_\_\_

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

**SECTION I – BASIC INFORMATION**

Plaintiff/Petitioner 1

Defendant/Petitioner 2

Date of Birth _____	Date of Birth _____
Social Security Number (Last 4 Digits) _____	Social Security Number (Last 4 Digits) _____
Phone Number _____	Phone Number _____
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: (Check highest level achieved) <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: (Check highest level achieved) <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**

	<u><b>Plaintiff/Petitioner 1</b></u>	<u><b>Defendant/Petitioner 2</b></u>
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	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><b>Plaintiff/Petitioner 1</b></u>	Year	<u><b>Defendant/Petitioner 2</b></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><b>Plaintiff/Petitioner 1</b></u>	<u><b>Defendant/Petitioner 2</b></u>
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>	<b>\$ 0</b> _____	<b>\$ 0</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 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>\$ 0 _____</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: \$ 0</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: \$ 0</b>	

**D. MONTHLY INSURANCE PREMIUMS**

Life	\$ _____
Auto	\$ _____
Health	\$ _____
Disability	\$ _____
Other: _____	\$ _____
<b>TOTAL MONTHLY: \$ 0</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: \$ 0</b>	

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

Physicians	\$ _____
Dentists and orthodontists	\$ _____
Optometrists and opticians	\$ _____
Prescriptions	\$ _____
Other: _____	\$ _____
<b>TOTAL MONTHLY: \$ 0</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: _____	\$ _____
_____	\$ _____
<b>TOTAL MONTHLY: \$ 0</b>	

**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>			\$ <u>0</u> _____

**GRAND TOTAL MONTHLY EXPENSES (Sum of A through H):** \$ 0 \_\_\_\_\_

**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.

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

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

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

DIVISION
COUNTY, OHIO

Plaintiff/Petitioner 1

vs./and

Defendant/Petitioner 2

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

Plaintiff/Petitioner 1

Defendant/Petitioner 2

Is/are your child(ren) currently enrolled in a low-income 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 children 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, do/does 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

**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)

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

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

**Instructions:** Check local court rules to determine when this form must be filed.  
 By law, an affidavit must be filed and served with the first pleading filed by each party in every parenting (custody/visitation) proceeding in this Court, including Dissolutions, Divorces and Domestic Violence Petitions. Each party has a continuing duty while this case is pending to inform the Court of any parenting proceeding concerning the child(ren) in any other court in this or any other state. **If more space is needed, add additional pages.**

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

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

**Check and complete ALL THAT APPLY:**

1.  I request that the court not disclose my current address or that of the child(ren). My address is confidential pursuant to R.C. 3127.23(D) and should be placed under seal to protect the health, safety, or liberty of myself and/or the child(ren).
2.  Minor child(ren) are subject to this case as follows:

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

a. <b>Child's Name:</b>		<b>Place of Birth:</b>			
<b>Date of Birth:</b>	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female				
<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?				

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

**IN THE COURT OF COMMON PLEAS OF SENECA COUNTY, OHIO**

Plaintiff/Petitioner,	:	CASE NO. _____
	:	
-vs/and-	:	JUDGE _____
	:	
Defendant/Respondent/Petitioner.	:	<b>NOTICE OF FILING IN FAMILY FILE</b>

NOTICE is hereby given that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, the undersigned has filed the following document(s) to be placed in the family file of the above-referenced case:

- |   |   |
|---|---|
| <input type="checkbox"/> Affidavit of Income and Expenses | <input type="checkbox"/> Guardian ad Litem Report           |
| <input type="checkbox"/> Affidavit of Property            | <input type="checkbox"/> Home Investigation Report          |
| <input type="checkbox"/> Health Insurance Affidavit       | <input type="checkbox"/> Psychological Evaluation           |
| <input type="checkbox"/> Health Care Documents            | <input type="checkbox"/> Drug/Alcohol Screens or Assessment |
| <input type="checkbox"/> Asset Appraisal/Evaluation       | <input type="checkbox"/> Juvenile Court Records             |
| <input type="checkbox"/> Patchworks House Reports         | <input type="checkbox"/> Genetic Testing Results            |
| <input type="checkbox"/> Other: _____                     |   |

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
TITLE

Copies to:

- Plaintiff/Petitioner or Counsel of Record
  - Defendant/Respondent/Petitioner or Counsel of Record
  - Guardian ad Litem
  - Other: \_\_\_\_\_
- \_\_\_\_\_

IN THE COURT OF COMMON PLEAS

Division  
COUNTY, OHIO

IN THE MATTER OF:

A Minor

Name : Case No. \_\_\_\_\_

Street Address : Judge \_\_\_\_\_

City, State and Zip Code :  
Plaintiff/Petitioner : Magistrate \_\_\_\_\_

vs./and :

Name :

Street Address :

City, State and Zip Code :  
Defendant/Petitioner :

**Instructions:** This form is used when you want to request documents to be served on the other party. You must indicate the requested method of service by marking the appropriate box.

REQUEST FOR SERVICE

TO THE CLERK OF COURT:

Please serve the following documents on the following parties as I have indicated below:

\_\_\_\_\_

- Defendant/Petitioner at the address shown above.
  - Certified Mail, Return Receipt Requested
  - Issuance to Sheriff of \_\_\_\_\_ County, Ohio for  Personal or  Residence service
  - Other (specify) \_\_\_\_\_

- Plaintiff/Petitioner at the address shown above.
- Certified Mail, Return Receipt Requested
  - Issuance to Sheriff of \_\_\_\_\_ County, Ohio for  Personal or  Residence service
  - Other (specify) \_\_\_\_\_

- \_\_\_\_\_ County Child Support Enforcement Agency (provide address below):
- 
- Certified Mail, Return Receipt Requested
  - Issuance to Sheriff of \_\_\_\_\_ County, Ohio for  Personal or  Residence service
  - Other (specify) \_\_\_\_\_

- Other (address): \_\_\_\_\_
- Certified Mail, Return Receipt Requested
  - Issuance to Sheriff of \_\_\_\_\_ County, Ohio for  Personal or  Residence service
  - Other (specify) \_\_\_\_\_

SPECIAL INSTRUCTIONS TO SHERIFF:

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

IN THE COURT OF COMMON PLEAS

Division  
COUNTY, OHIO

IN THE MATTER OF:

A Minor

Name : Case No. \_\_\_\_\_  
Street Address :  
City, State and Zip Code : Judge \_\_\_\_\_  
Plaintiff/Petitioner : Magistrate \_\_\_\_\_

vs./and

Name :  
Street Address :  
City, State and Zip Code :  
Defendant/Petitioner :

**Instructions:** This form is used to bring the other party to Court to defend his/her failure to follow the court order. A Motion for Contempt and Affidavit (Uniform Domestic Relations Form 21) must be filed with this order.

**SHOW CAUSE ORDER, NOTICE AND INSTRUCTIONS TO THE CLERK**

TO: \_\_\_\_\_ TO: \_\_\_\_\_  
PLAINTIFF/PETITIONER DEFENDANT/PETITIONER

You are hereby ORDERED to appear and show cause why you should not be held in contempt for failure to obey the court order as described in the Motion you are now receiving.

**COURT**

(The Court will complete this part.)

You are ORDERED to appear in the \_\_\_\_\_ County Common Pleas Court  
\_\_\_\_\_ Division, in Courtroom \_\_\_\_\_ located at \_\_\_\_\_

on \_\_\_\_\_ at \_\_\_\_\_ o'clock and show cause why you  
should not be held in contempt of this Court.

**NOTICE**

1. Failure to appear as ordered may result in the issuance of a bench warrant for an immediate arrest.
2. Failure to appear may result in an immediate income withholding or deduction.
3. You have the right to be represented by an attorney.
4. If you cannot afford an attorney, you must apply for a public defender or appointed counsel, as appropriate, within three business days after receipt of this show cause order.
5. A continuance may not be granted to obtain counsel if you have made no good faith effort to secure one.
6. If found guilty, you may be sentenced as follows:
  - a. First offense – a fine of not more than \$250.00 and/or a definite term of imprisonment of not more than thirty days in jail or both.
  - b. Second offense – a fine of not more than \$500.00 and/or a definite term of imprisonment of not more than sixty days in jail or both.
  - c. Third offense – a fine of not more than \$1,000.00 and/or a definite term of imprisonment of not more than ninety days in jail or both.
7. The court may grant you limited driving privileges under 4510.021 of the Revised Code if your driver's license was suspended based on a notice issued by a child support enforcement agency because you are in default under a child support order or you have failed to comply with a subpoena or warrant issued by a court or agency with respect to a proceeding to enforce a child support order. You must request limited driving privileges and your request must be accompanied by a recent copy of your driver's abstract driving record from the registrar of motor vehicles.

\_\_\_\_\_  
JUDGE/MAGISTRATE

## INSTRUCTIONS TO THE CLERK

You are directed to serve this Order along with the Motion for Contempt and Affidavit to the

Defendant/Petitioner or  Plaintiff/Petitioner by:

Certified Mail, Return Receipt Requested

Issuance to Sheriff of \_\_\_\_\_ County, Ohio for  Personal or  Residence service

Other (specify) \_\_\_\_\_

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



Name of Child: \_\_\_\_\_

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

**Instructions:** This form is used when you are claiming the other party has not paid health care bills. **Use a separate form for each child.** A Motion for Contempt and Affidavit (Uniform Domestic Relations Form 21) and a Show Cause Order, Notice and Instructions to the Clerk (Uniform Domestic Relations Form 22) must be filed. You must bring copies of health care bills, Explanation of Benefits forms, and proof of payment to the hearing. Be prepared to indicate the amount owed to you, service providers, collection agencies, or other entities. **If more space is needed, add additional pages.**

**EXPLANATION OF HEALTH CARE BILLS**

<u>Date of Treatment</u>	<u>Name of Service Provider (e.g., Doctor, Dentist, Therapist, Hospital) &amp; Services Provided</u>	<u>Total Bill</u>	<u>Date Bill Sent to Other Party</u>	<u>Amount Insurance Paid</u>	<u>Amount You Paid</u>	<u>Amount Paid by Other Party</u>	<u>Amount of Unpaid Bill</u>	<u>Amount Due from Other Party</u>

Total Amount of Claim \$ \_\_\_\_\_

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

\_\_\_\_\_  
Date

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

**IN THE MATTER OF:**

\_\_\_\_\_   
 A Minor

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

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

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

Judge \_\_\_\_\_

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

vs.

Magistrate \_\_\_\_\_

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

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

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

**WAIVER OF SERVICE OF SUMMONS**

I, \_\_\_\_\_ (name), acknowledge that I am the  Petitioner  Plaintiff  Defendant  Respondent (select one) and that I have received a copy of the following documents filed or to be filed by the other party:

- Complaint for Parentage
- Complaint  Motion (select one) for Allocation of Parental Rights and Responsibilities (Custody)
- Complaint  Motion (select one) for Parenting Time (Companionship and Visitation)
- Complaint  Motion (select one) for Establishment or Change of Child Support
- Journal Entry and Findings of Fact Supporting Child Support Deviation
- Health Insurance Affidavit
- Complaint for Divorce with Children
- Complaint for Divorce without Children
- Separation Agreement
- Shared Parenting Plan
- Parenting Plan
- Petition for Dissolution
- Agreed Judgment Entry, Magistrate's Decision, Order, and/or Magistrate's Order
- Affidavit of Income and Expenses

- Affidavit of Property
- Parenting Proceeding Affidavit
- Motion for Contempt and Affidavit
- Motion and Affidavit or Counter Affidavit for Temporary Orders with Oral Hearing
- Other (specify): \_\_\_\_\_

I waive service of summons of said document by the Clerk of Court.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Telephone number at which the Court may reach you  
or at which messages may be left for you