

COMPLAINT FOR CUSTODY PACKET

The forms listed below are to be used by a parent or legal custodian after custody has been previously ordered for the child or children through a previous Children Services Case and Muskingum County has jurisdiction over said child(ren).

- Case Questionnaire
- Personal Identifier Information Form
- Complaint for Custody
- Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)
- Praecipe for Service
- Certificate of Service

Pursuant to O.R.C. 2151.353 (K) the jurisdiction of the court shall terminate one year after the date of the award or, if the court takes any further action in the matter subsequent to the award, the date of the latest further action subsequent to the award, if the court awards legal custody of a child to either of the following: (1) A legal custodian who, at the time of the award of legal custody, resides in a county of this state other than the county in which the court is located; (2) A legal custodian who resides in the county in which the court is located at the time of the award of legal custody, but moves to a different county of this state prior to one year after the date of the award or, if the court takes any further action in the matter subsequent to the award, one year after the date of the latest further action subsequent to the award. The court in the county in which the legal custodian resides shall then have jurisdiction in the matter.

Case Questionnaire

The Petitioner states the following is true and accurate to the best of his/her knowledge and belief: (circle yes (Y) or no (N) below)

1. Has any of the parties been involved with Muskingum County Children Services (CPS)? Y N
2. Has any party been involved with any Children Services Agency in any County and/or State? Y N
If yes, name of county agency and state:

3. Do you believe the child(ren) in this case has been abused, neglected, or dependent? Y N
4. Has any party been charged with, convicted, and/or plead to child endangerment? Y N
(If yes, include name and relationship to child(ren))
Endangered Child: _____
Relationship: _____
5. Has any party been charged with, convicted, and/or plead to Domestic Violence? Y N
6. Has any party been charged with, convicted, and/or plead to an offense, where a member of the family was physically harmed? Y N
7. Is there currently a Protection Order involving any parties to this action? Y N
(If yes, include the name of the party and protected person(s)) _____
8. Is there any matter that the parties agree on? Y N
9. Does any party and or the child(ren) have any emotional, physical, or educational disabilities? Y N
10. Has any party prevented you from seeing the child(ren) in this case? Y N
11. Does drug or alcohol use prevent any party from keeping the child (ren) safe? Y N

Petitioner Signature

Date

(PRAECIPE: TO THE CLERK: Please serve a copy of the foregoing upon the parties by personal service, or certified mail.)

PERSONAL IDENTIFIER INFORMATION FORM

Child's Name	DOB	Last 4 Digits of Child's SS #	Case Number
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Child's Name	DOB	Last 4 Digits of Child's SS #	Case Number
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Child's Name	DOB	Last 4 Digits of Child's SS #	Case Number
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Child's Name	DOB	Last 4 Digits of Child's SS #	Case Number
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THE FOLLOWING INFORMATION WILL BE MAINTAINED SEPARATELY FROM THE CASE FILE DOCUMENTS.

1. CHILD PROTECTION CASES

A child's name in an Abuse, Neglect or Dependency case is confidential. The child's actual identity will be referenced ON THIS FORM ONLY. Please indicate below how each child listed above will be identified on pleadings. Use only initials, a generic abbreviation, or "child" (i.e., John Smith Jr. could be JS Jr., or Child 1, Child 2, etc.)

Child 1 Named Above Identifier _____	Child 2 Named Above Identifier _____
Child 3 Named Above Identifier _____	Child 4 Named Above Identifier _____
Child 5 Named Above Identifier _____	Child 6 Named Above Identifier _____

2. ALL OTHER CASE TYPES

Full Social Security Numbers (except for the last 4 digits), Phone Numbers, and Email Addresses are considered confidential. This information should NOT be shown on pleadings and should be recorded below ON THIS FORM ONLY.

1. Party Name: _____ Last 4 Digits of SS #: _____ Home Phone: _____	Cell Phone: _____ Email Address: _____
2. Party Name: _____ Last 4 Digits of SS #: _____ Home Phone: _____	Cell Phone: _____ Email Address: _____
3. Party Name: _____ Last 4 Digits of SS #: _____ Home Phone: _____	Cell Phone: _____ Email Address: _____
4. Party Name: _____ Last 4 Digits of SS #: _____ Home Phone: _____	Cell Phone: _____ Email Address: _____

3. If DOMESTIC VIOLENCE is indicated, the Victim's Address, Phone Numbers, and Email Address should NOT be included in the pleadings, record this information below ON THIS FORM ONLY

Victim's Name: _____

Address: _____

Phone Number: Cell/Home _____

Email Address: _____

**In The Court of Common Pleas, Muskingum County, Ohio
Juvenile Division**

Complaint for Custody

Instructions: This form is to be used by a parent or legal custodian after custody has been previously ordered for the child or children through a previous Children Services Case and Muskingum County has jurisdiction over said child(ren). The Personal Identifier Sheet, Case Questionnaire, UCCJEA Affidavit form, and a Praecipe **MUST** be filed with the Complaint.

IN THE MATTER OF:

Child's Name	DOB	Last 4 Digits of Child's SS #	Case Number
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Child's Name	DOB	Last 4 Digits of Child's SS #	Case Number
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Child's Name	DOB	Last 4 Digits of Child's SS #	Case Number
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Child's Name	DOB	Last 4 Digits of Child's SS #	Case Number
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Name - Petitioner #1

Date of Birth Last 4 Digits of SS #

Address: _____

Phone: _____

Mother's Name

Date of Birth Last 4 Digits of SS #

Address: _____

Phone: _____

Name - Petitioner #2 (if applicable)

Date of Birth Last 4 Digits of SS #

Address: _____

Phone: _____

Father's Name

Date of Birth Last 4 Digits of SS #

Address: _____

Phone: _____

Now comes the Petitioner(s) (insert name(s), _____), and asks this Court for legal custody of the above-named minor child(ren).

1. Petitioners' relationship to minor child(ren):

Maternal Grandparent
 Brother / Sister

Paternal Grandparent
 Other

Aunt / Uncle

2. Minor child(ren) are in custody or possession of: _____

3. Minor child(ren)'s school district is: _____

4. The reason(s) for this request are: _____

Petitioner(s) believe(s) it would be in the best interest of the minor child(ren) to award legal custody to the Petitioner(s).

Petitioner's Signature Date

Petitioner's Signature Date

In The Court of Common Pleas, Muskingum County, Ohio
Juvenile Division

**DECLARATION UNDER UNIFORM CHILD CUSTODY
JURISDICTION AND ENFORCEMENT ACT
(UCCJEA)
Affidavit Per ORC§ 3127.23(A)**

IN THE MATTER OF:

Child's Name	DOB	Last 4 Digits of Child's SS #	Case Number

Instructions: By law, this Affidavit must be filed and served with any Complaint, Petition, or Motion regarding allocation of parental rights and responsibilities, parenting time, custody, or visitation. Each party has a continuing duty while the 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.

Affidavit of: _____ (print full legal 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 ORC§ 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 (5)** years.

a. Child's Name:		Place of Birth:	Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Date of Residence	Address Confidential	Person Child Lived With (Name & Address)	Relationship to Child	
To Present	<input type="checkbox"/> Yes <input type="checkbox"/> No			
To	<input type="checkbox"/> Yes <input type="checkbox"/> No			
To	<input type="checkbox"/> Yes <input type="checkbox"/> No			
b. Child's Name:		Place of Birth:	Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> Check this box if the information below is the same as entered for the child in Section (a) above.				
Date of Residence	Address Confidential	Person Child Lived With (Name & Address)	Relationship to Child	
To Present	<input type="checkbox"/> Yes <input type="checkbox"/> No			
To	<input type="checkbox"/> Yes <input type="checkbox"/> No			
To	<input type="checkbox"/> Yes <input type="checkbox"/> No			
c. Child's Name:		Place of Birth:	Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> Check this box if the information below is the same as entered for the child in Section (a) above.				
Date of Residence	Address Confidential	Person Child Lived With (Name & Address)	Relationship to Child	
To Present	<input type="checkbox"/> Yes <input type="checkbox"/> No			
To	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
To	<input type="checkbox"/> Yes <input type="checkbox"/> No			
d. Child's Name:		Place of Birth:	Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> Check this box if the information below is the same as entered for the child in Section (a) above.				
Date of Residence	Address Confidential	Person Child Lived With (Name & Address)	Relationship to Child	
To Present	<input type="checkbox"/> Yes <input type="checkbox"/> No			
To	<input type="checkbox"/> Yes <input type="checkbox"/> No			
To	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Additional children are listed on **Attachment A** (Provide requested information for additional children on an attachment)

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 custody 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 or visitation (parenting time) with any child subject to this case.

Explain: _____

Name of **each** child: _____

Type of Case: _____

Court & State: _____

Date of 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 any child subject to this case, other than as set out in item #2.

Explain:

Name of child(ren): _____ Type of Case: _____

Court & State: _____ Date of Order/Judgment: _____

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 ORC§ 2919.25; any sexually oriented offense as defined in ORC§ 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 concerning 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 a Notary Public is present)

I, _____, 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 completed. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

Affiant's Signature

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

(Affiant's Initials)

Signature of Notary Public

**In The Court of Common Pleas, Muskingum County, Ohio
Juvenile Division**

PRAECIPE FOR SERVICE

IN THE MATTER OF:

CASE NO(S):

Petitioner's Name: _____

Address City, State, Zip

Phone: _____

NOTE: You may not be scheduled for a hearing date unless this form is completed in full and full addresses are provided.

TO THE CLERK:

Please serve a copy of _____
filed _____ upon the following person(s) by:

Certified Mail

Personal Service

Mother's Name

Father's Name

Address City, State, Zip

Address City, State, Zip

Phone No.

Phone No.

Legal Custodian's Name

Other's Name Relationship

Address City, State, Zip

Address City, State, Zip

Phone No.

Phone No.

Petitioner's Signature

Date

CERTIFICATE OF SERVICE

TO THE CLERK: I certify that I have served a copy of the foregoing Motion upon the following party(s) at the following addresses by regular mail:

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Petitioner's Signature Date

Petitioner's Signature Date