

Motion For Third Party Packet

Required Steps

Complete All Forms

- Fill out each form included in the custody packet.
- Provide accurate and truthful information to the best of your knowledge.

Sign All Documents

- Ensure all required signatures are provided.
- Double-check that each form is signed where indicated.

Notarize Required Forms

- Any form requiring notarization must be signed in the presence of a licensed notary public.
- Do not sign these forms in advance.

Attach Supporting Documents

- Include copies of any required documents (e.g., birth certificates, proof of residence, prior court orders).
- Do not submit original documents unless specifically requested.

Review for Accuracy

- Double-check all names, dates, and contact information.
- Make sure all sections are complete and legible.

Make Copies for Your Records

- Keep a copy of the completed packet for your personal records.

Pay the Filing Fee

- A **filing fee of \$[85]** is required at the time of submission.
- Payment methods may include cash, money order, or credit/debit card (check with the court for accepted forms).

Submit the Packet

- Return the completed and notarized packet to the appropriate court or agency as instructed

Note: Failure to complete all steps may result in delays or rejection of your custody filing.

Notice: 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.

1. Case Questionnaire (1 page)
2. Personal Identifier Information Form (2 pages)
3. Motion to Intervene (2pages)
4. Third-party Motion to Modify an Existing Court Order (2 pages)
5. Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) (5 pages) (Must be Notarized)
6. Praecept for Service (1page)

**MUSKINGUM COUNTY JUVENILE COURT
PERSONAL IDENTIFIER QUESTIONNAIRE**

CONFIDENTIAL – FOR COURT USE ONLY

This document contains sensitive personal information and must be maintained separately from the public case file in accordance with court confidentiality rules. Do not include this information in pleadings or other publicly accessible documents.

SECTION 1: CHILD IDENTIFICATION

A child’s identity in abuse, neglect, dependency, or delinquency cases is confidential. Use only the identifiers listed below in all pleadings.

Full Legal Name of Child	Date of Birth	Identifier for Pleadings

SECTION 2: PARENT/GUARDIAN INFORMATION

This section is for internal court use only and must not be disclosed in public records.

Mother’s Name

Father’s Name

Mailing Address

Mailing Address

City, State, Zip Code

City, State, Zip Code

Phone Number

Phone Number

SECTION 3: OTHER INVOLVED PARTIES (If Applicable)

Include only those individuals whose information is necessary for case management. This information is confidential.

Other’s Name

Other’s Name

Mailing Address

Mailing Address

City, State, Zip Code

City, State, Zip Code

Phone Number

Phone Number

SECTION 4: DOMESTIC VIOLENCE CONFIDENTIALITY

If domestic violence is indicated, the victim's contact information must not appear in pleadings. Record it here only.

Victim's Name:

Address:

Phone Number (Cell/Home): _____

Email Address: _____

CONFIDENTIALITY

NOTICE:

This form is intended solely for use by authorized court personnel. It contains confidential information protected by law. Unauthorized disclosure, duplication, or distribution is strictly prohibited.

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

Motion to Intervene

JUDGE: ERIC D. MARTIN
MAGISTRATE: ERIN E. WELCH

Instructions: This form is to be used by a person requesting to intervene and become a party to an open Juvenile Court case. This form should accompany another filing (i.e., Motion for Legal Custody).

IN THE MATTER OF:

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

NAME: PETITIONER 1

NAME: PETITIONER 2

Mailing Address

Mailing Address

City, State, Zip Code

City, State, Zip Code

Phone Number

Phone Number

Mother's Name

Father's Name

Mailing Address

Mailing Address

City, State, Zip Code

City, State, Zip Code

Phone Number

Phone Number

Now comes the Petitioner(s): _____, and asks this Court for leave to intervene as a party in the above-captioned case(s).

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

- Maternal Grandparent
- Brother / Sister
- Paternal Grandparent
- Aunt / Uncle
- Other

2. Minor child (ren) are in the Custody of or possession of:

3. The reason for this Motion to Intervene is as follows:

Petitioner(s) believe(s) it would be in the best interest of the minor child(ren) to allow the Petitioner(s) to intervene as a party in the above captioned case(s)

PETITIONER 1 Signature

PETITIONER 2 Signature

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

Third Party Motion To Modify an Existing Court Order

JUDGE: ERIC D. MARTIN
MAGISTRATE: ERIN E. WELCH

Instructions: This form is to be used by a Third Party who wants to modify an existing Custody Order. The Personal Identifier Form, Case Questionnaire, UCCJEA Affidavit Form, and Praecipe For Service MUST be filed with the Motion.

IN THE MATTER OF:

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

Petitioner's Name: _____

Address City, State, Zip _____ Phone: _____

I, *(insert your name)* _____, state that a Judgment Entry dated _____ set out custody orders for the above mentioned child(ren).

My relationship to the minor child (ren) is: *(check one)*

- Maternal grandparent (Mother's biological parent)
- Paternal grandparent (Father's biological parent)
- Aunt/Uncle
- Brother/ Sister
- Non-Related

**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

Mother's Name

Father's Name

Mailing Address

Mailing Address

City, State, Zip Code

City, State, Zip Code

Phone Number

Phone 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 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**.

2.

Child's Name	
Place of Birth	
Date of Birth	
Sex:	Male Female
Date of Residence of Child From	
Date of Change of Residence	
Name/Address of the person the child resided with	
County	
Date of Residence of Child From	
Date of Change of Residence	
Name/Address of the person the child resided with	
County	
Date of Residence of Child From	
Date of Change of Residence	
Name/Address of the person the child resided with	
County	

Child's Name	
Place of Birth	
Date of Birth	
Sex:	Male Female
Date of Residence of Child From	
Date of Change of Residence	
Name/Address of the person the child resided with	
County	
Date of Residence of Child From	
Date of Change of Residence	
Name/Address of the person the child resided with	
County	
Date of Residence of Child From	
Date of Change of Residence	
Name/Address of the person the child resided with	
County	

Child's Name	
Place of Birth	
Date of Birth	
Sex:	Male Female
Date of Residence of Child From	
Date of Change of Residence	
Name/Address of the person the child resided with	
County	
Date of Residence of Child From	
Date of Change of Residence	
Name/Address of the person the child resided with	
County	
Date of Residence of Child From	
Date of Change of Residence	
Name/Address of the person the child resided with	
County	

Child's Name	
Place of Birth	
Date of Birth	
Sex:	Male Female
Date of Residence of Child From	
Date of Change of Residence	
Name/Address of the person the child resided with	
County	
Date of Residence of Child From	
Date of Change of Residence	
Name/Address of the person the child resided with	
County	
Date of Residence of Child From	
Date of Change of Residence	
Name/Address of the person the child resided with	
County	

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

3. Participation in custody case(s): (Check only one box)

	<p>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 or visitation (parenting time) with any child subject to this case.</p>
	<p>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.</p> <p>Name of each child: _____</p> <p>Type of Case: _____</p> <p>Court & State: _____</p> <p>Date of Order or Judgment, if any: _____</p>

4. Information about Custody Case (Check only one box)

	<p>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.</p>
	<p>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 set out in item #2.</p> <p>Explain: _____</p> <p>_____</p> <p>Name of each child: _____</p> <p>Type of Case: _____</p> <p>Court & State: _____</p> <p>Date of Order or Judgment, if any: _____</p>

5. Information about Criminal conviction

<p>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.</p>
<p>Name: _____</p>
<p>Case Number: _____</p>
<p>Court/ County/ State _____</p>
<p>Charge(s): _____</p>

6. Person(s) Not a Party to this Case:(Check only one box)

<p>I DO NOT KNOW ANY PERSON, not a party to this case, who has physical custody or claims to have custody or visitation rights with respect to a child subject to this case.</p>
<p>I DO KNOW THAT THE FOLLOWING NAMES PERSON(s) are not a party to this case, who have physical custody or claims to have custody or visitation rights with respect to a child subject to this case.</p> <p>Name and address of person:</p> <p>_____</p> <p>_____</p> <p>Has Physical Custody: Y/N Claims Custody Rights: Y/N Claims Visitation Rights: Y/N</p> <p>Name and address of person:</p> <p>_____</p> <p>_____</p> <p>Has Physical Custody: Y/N Claims Custody Rights: Y/N Claims Visitation Rights: Y/N</p>

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 _____ 20 _____.

Signature of Notary Public

(Affix Seal Here)

**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