

DISCLOSURE OF PERSONAL IDENTIFIER INFORMATION

NAME _____
 LAST MI FIRST

ADDRESS _____

DATE OF BIRTH ___ / ___ / ___ SOCIAL SECURITY NUMBER _____ - _____ - _____

Phone Number _____ Email _____

ADVERSE PARTY

NAME _____
 LAST MI FIRST

ADDRESS _____

DATE OF BIRTH ___ / ___ / ___ SOCIAL SECURITY NUMBER _____ - _____ - _____

Phone Number _____ Email _____

**IN THE COMMON PLEAS COURT OF MUSKINGUM COUNTY, OHIO
DOMESTIC RELATIONS DIVISION**

Name Case No. _____

Street Address Judge MARIA N. KALIS

City, State and Zip Code

Plaintiff/Petitioner 1

vs./and

Name

Street Address

City, State and Zip Code

Defendant/Petitioner 2/Respondent

**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: This form is used to request a change in child support or child support-related matters. A Request for Service (Uniform Domestic Relations Form 31/Uniform Juvenile Form 10) and an Affidavit of Basic Information, Income, and Expenses (Uniform Domestic Relations Form–Affidavit 1) must be filed with this Motion. The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file. **YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES.**

**MOTION FOR CHANGE OF CHILD SUPPORT, MEDICAL SUPPORT,
TAX EXEMPTION, OR OTHER CHILD-RELATED EXPENSES**

Now comes _____ (name), the Movant, and requests a change in the obligation to provide support or the right to receive support for the minor child(ren) as follows: *(check all that apply)*

- The amount of child support or cash medical support.
- The person responsible for providing health insurance.
- The division of non-insured health care expenses.
- The person who can claim the child(ren) as dependents for tax purposes.
- Other child-related expenses.

Since the Court issued the existing Order, circumstances have changed as follows:

Movant requests that the Court change the existing order as follows:

Movant believes that the requested changes are in the child(ren)'s best interest.

Movant requests that the Court order the following: (*check all that apply*)

- Assessing reasonable attorney fees;
 - Assessing Court costs of the proceedings;
- and any further relief deemed proper.

Attorney or Self Represented Party Signature

Printed Name

Address

City, State, Zip

Phone Number

Fax Number

E-mail

Supreme Court Reg No. (if any)

**IN THE COMMON PLEAS COURT OF MUSKINGUM COUNTY, OHIO
DOMESTIC RELATIONS DIVISION**

Plaintiff/Petitioner 1

vs./and

Defendant/Petitioner 2

Case No. _____

Judge MARIA N. KALIS

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)

		<u>Plaintiff/Petitioner 1</u>		<u>Defendant/Petitioner 2</u>				
Is/are your child(ren) currently enrolled in a government-provided program (i.e. Healthy Start/ Medicaid)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is/are your child(ren) enrolled in an individual (non-group or COBRA) health insurance plan?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is/are your child(ren) enrolled in a plan found through the exchange/Affordable HealthCare Marketplace?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is/are your child(ren) enrolled in a health insurance plan through a group (employer or other organization)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	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)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does the available insurance cover primary care services within 30 miles of the children's home?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	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)

**IN THE COURT OF COMMON PLEAS OF MUSKINGUM COUNTY, OHIO
DOMESTIC RELATIONS DIVISION**

Plaintiff / Petitioner

Case No.: _____

-vs-/-and-

Judge Maria N. Kalis
FINANCIAL AFFIDAVIT (DR2)

Defendant / Petitioner

_____ (Affiant), being duly sworn, says:

PART A - CASE INFORMATION	
Affiant's Full Name	
Telephone	
Social Security No.	
Date of Birth	
Employer/Source of Income	
Street Address	
City/State/Zip	
Telephone	
Acct./Claim No.	
PART B - ANNUAL INCOME	
Gross annual wages (excluding overtime and bonuses)	\$
Gross annual unemployment benefits	\$
Gross annual worker's compensation	\$
Gross annual interest or dividends	\$
Other:	\$
Gross annual overtime or bonuses for past three years	
Last year	\$
Two years ago	\$
Three years ago	\$
PART C - DEPENDENT INFORMATION	
<p>LIST EACH BIOLOGICAL OR ADOPTIVE MINOR CHILD, NOT THE SUBJECT OF THIS ACTION, LIVING WITH YOU AND STATE THE ANNUAL AMOUNT OF CHILD SUPPORT YOU RECEIVE FOR EACH CHILD. DO NOT INCLUDE THE CHILD(REN) INVOLVED IN THIS ACTION, DO NOT INCLUDE STEP-CHILDREN.</p>	
Child's Name	Annual Child Support Received
	\$
	\$
	\$
	\$
	\$

PART D - EXPENSES

Annual Child support paid for other child(ren): (Attach certified statement from CSEA)	\$
Annual Sousal support paid for ex-spouse: (Attach certified statement from CSEA)	\$
Annual health insurance permium paid: (Only if child(ren) in this action are covered)	\$
Annual work-related child care expense: (Only for child(ren) in this action)	\$

PART E - GROUP HEALTH INSURANCE FOR MINOR CHILDREN

INSTRUCTIONS: ANSWER THE FOLLOWING QUESTIONS ABOUT THE AVAILABILITY, COST, AND COVERAGE OF GROUP HEALTH INSURANCE FOR THE MINOR CHILD(REN) INVOLVED IN THIS ACTION.

Available through your employment (Yes or No):	YES
Available through non-employer (Yes or No):	YES
Name and address of insurance Company:	
Group policy number:	
Cost to you PER YEAR: (DO NOT INCLUDE ANY AMOUNT PAID BY THE EMPLOYER.)	\$

Summarize the benefits of each plan (i.e. DEDUCTIBLES, CO-PAYMENTS, HMO, COMPREHENSIVE, MAJOR MEDICAL, DENTAL, OPTICAL, ETC...).

Affiant

Sworn to and subscribed before me this _____ day of _____, 20 _____.

Notary Public

APPLICATION FOR CHILD SUPPORT SERVICES NON-PUBLIC ASSISTANCE APPLICANT

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

I the undersigned, _____ request Child Support Services from the **Muskingum County** Child Support Enforcement Agency. I understand and agree to the following conditions:

- A. I am a resident of the County in which services are requested.
- B. Recipients of child support services shall cooperate to the best of their ability with the CSEA. (See attached rights and responsibility information).

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 Services ONLY"**, if the sole need is to find the whereabouts of the absent parent.

2. Establishment or Modification 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 (modification), and to establish a medical support order.

3. Enforcement of Existing Orders.

The CSEA can help you collect current and back child support.

4. Federal and State Income Tax Offset Submittals for the Collection of Child Support Arrearages.

The agency can assist in collecting back support (arrearages) by intercepting a non-payor's federal and state income tax refunds on 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 back 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. Back support collected will be paid to you until all of the back 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.

C. The only fee you can be charged for services is a one dollar application fee. Some counties pay this fee for the applicants.

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.

APPLICANT INFORMATION (INFORMATION ABOUT YOU)	
Name	Date of birth
Social Security Number (SSN)	Current Marital Status (Check One) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Deserted <input type="checkbox"/> Widowed

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
------------------------	------

Applicants Name (Last, First, Middle)				Telephone Number (Home)
Address (Street/Route, P.O. Box)				(Work)
City, State, Zip Code				
INFORMATION ON CHILDREN				
	Child 1	Child 2	Child 3	Child 4
a. Name				
b. Sex				
c. SSN				
d. Date of Birth (DOB)				
e. Name(s) of Absent Parent				
f. Has Paternity (Fatherhood) Been Established?				
g. Is There An Order For Support <input type="checkbox"/> Yes <input type="checkbox"/> No				
ABSENT PARENT INFORMATION OR PARENT ORDERED TO PAY CHILD SUPPORT				
	Absent Parent #1	Absent Parent #2	Absent Parent #3	
Name				
Address (City, State, Zip Code)				
SSN				
Date of Birth (DOB)				
Name of Employer				
Address of Employer (City, State, Zip Code)				
Amount of Support Ordered (Wk, Bi-Wk, Mo)				
Case Number on Support Order				
Date of Support Order				
Location Where Order Was Issued (City, State, Zip Code)				
Military Service Give Date and Branch Entered				
Arrest Record: Give Date and Place of Arrest				
If the absent parent has been on Public Assistance: Give Date and Place				
Give Name and Address of Current Spouse of Absent Parent				
<ul style="list-style-type: none"> • Have you ever been on Public Assistance? Yes No 				
When (Date)	Where (City and State)		County	
FOR AGENCY USE ONLY				
Case Name	Date Requested		Date Mailed or Provided	
Case Number	Date Returned or File Date			

**IN THE COMMON PLEAS COURT OF MUSKINGUM COUNTY, OHIO
DOMESTIC RELATIONS DIVISION**

Name Case No. _____

Street Address Judge MARIA N. KALIS

City, State and Zip Code

Plaintiff/Petitioner 1

vs./and

Name

Street Address

City, State and Zip Code

Defendant/Petitioner 2/Respondent

**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: 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. The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file. **YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES.**

REQUEST FOR SERVICE

TO THE CLERK OF COURT:

Please serve the following documents: *(check all that apply)*

- Complaint for Divorce with Children
- Complaint for Divorce without Children

- Complaint for Parentage, Allocation of Parental Rights and Responsibilities
- Petition for Dissolution
- Motion and Affidavit or Counter Affidavit for Temporary Orders
- Motion for Change of Parental Rights and Responsibilities (Custody)
- Motion for Change of Parenting Time (Companionship and Visitation)
- Motion for Change of Child Support, Medical Support, Tax Exemption, or Other Child-Related Expenses
- Motion for Contempt and Affidavit
- Separation Agreement
- Parenting Plan
- Shared Parenting Plan
- Affidavit of Income and Expenses
- Affidavit of Property
- Parenting Proceeding Affidavit
- Health Insurance Affidavit
- Explanation of Health Care Bills
- Agreed Judgment Entry
- Other: (*specify*) _____

Please serve the following parties with the above marked documents:

- Defendant/Petitioner 2/Respondent at _____(address) by:
 - Certified Mail, Return Receipt Requested
 - Issuance to Sheriff of _____ County, Ohio for Personal or Residence service
 - Other: (*specify*) _____

- Plaintiff/Petitioner 1 at _____(address) by:
 - Certified Mail, Return Receipt Requested
 - Issuance to Sheriff of _____ County, Ohio for Personal or Residence service
 - Other: (*specify*) _____

- _____ County Child Support Enforcement Agency at _____(address) by:
 - Certified Mail, Return Receipt Requested
 - Issuance to Sheriff of _____ County, Ohio for Personal or Residence service
 - Other: (*specify*) _____

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

SPECIAL INSTRUCTIONS TO SHERIFF:

Attorney or Self Represented Party Signature

Printed Name

Address

City, State, Zip

Phone Number

Fax Number

E-mail

Supreme Court Reg No. (if any)