

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 _____

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

Third Party Plaintiff

vs.

Name

Street Address

City, State and Zip Code

Defendant

Name

Street Address

City, State and Zip Code

Defendant

<p>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.</p> <p>Instructions: This form is used to establish parentage of the child(ren), be designated as the residential parent, or obtain parenting time (companionship and visitation) with the child(ren). A Request for Service (Uniform Domestic Relations Form 31), a Parenting Proceeding Affidavit (Uniform Domestic Relations Form - Affidavit 3) and an Affidavit of Basic Information, Income and Expenses (Uniform Domestic Relations Form - Affidavit 1) must be filed with this Complaint. 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.</p>
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**COMPLAINT FOR PARENTAGE,
ALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES (CUSTODY), AND
PARENTING TIME (COMPANIONSHIP AND VISITATION)**

Now comes Plaintiff and states as follows:

1. Plaintiff is a parent of the following child(ren):

Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

2. Defendant, _____ (name) is a parent of the following child(ren):

Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

3. The child(ren) has/have resided in _____ County, Ohio since _____ (date).

4. A parent-child relationship has been established for the following child(ren):

Name of Child	Date of Birth	Established by
_____	_____	<input type="checkbox"/> Acknowledgement of Paternity
_____	_____	<input type="checkbox"/> Administrative Order
_____	_____	<input type="checkbox"/> Court Order
_____	_____	<input type="checkbox"/> Acknowledgement of Paternity
_____	_____	<input type="checkbox"/> Administrative Order
_____	_____	<input type="checkbox"/> Court Order
_____	_____	<input type="checkbox"/> Acknowledgement of Paternity
_____	_____	<input type="checkbox"/> Administrative Order
_____	_____	<input type="checkbox"/> Court Order
_____	_____	<input type="checkbox"/> Acknowledgement of Paternity
_____	_____	<input type="checkbox"/> Administrative Order
_____	_____	<input type="checkbox"/> Court Order

5. A parent-child relationship has not been established for the following child(ren):

Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

6. No Court has issued an order of parenting or support for the following child(ren):

Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____

 The following child(ren) is/are subject to an existing order of parenting or support of another Court:

Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

7. Plaintiff requests that the Court: *(check all that apply)*

- Order genetic testing and determine the parent of the child(ren).
- Designate _____ (parent's name) as the parent of the child(ren) _____ (child(ren)'s name).
- Change the child(ren)'s name to _____.
- Correct the child(ren)'s birth certificate(s) to indicate the child(ren)'s parent.
- Adopt the proposed Shared Parenting Plan which is attached.
- Adopt the proposed Parenting Plan which is attached.
- Designate the residential parent and legal custodian of the child(ren).
- Order reasonable parenting time (companionship or visitation).
- Order child support, allocate the income tax dependency exemption, and determine who should provide health insurance coverage for the child(ren).
- Order the Ohio Department of Health to prepare (a) new birth certificate(s) for the child(ren).
- Other: *(specify)* _____

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**

Third Party Plaintiff

Case No. _____

Judge Maria N. Kalis

vs./and

Defendant

vs./and

Defendant

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 _____**

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.

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

b. Child's name		Place of birth	Date of birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Period 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				

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

1. 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 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 has/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)

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				
• 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

Street Address

City, State and Zip Code

Case No. _____

Judge MARIA N. KALIS

Third Party Plaintiff

vs./and

Name

Street Address

City, State and Zip Code

Defendant

vs./and

Name

Street Address

City, State and Zip Code

Defendant

**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)

CUSTODY -NON PARENT
VERIFIED MOTION FOR TEMPORARY ORDERS EX PARTE

INSTRUCTIONS

Attached is a form requesting that the Court grant you an emergency order for custody during the pendency of a case. This form must be filed in conjunction with your Complaint or Motion for Custody.

These instructions are intended to be a general guide to help you get the forms filled out, filed with the Court, and properly before the Judge. These instructions are not intended to be a legal analysis of your request or advice as to whether you should win your request. They are merely to assist you in preparing and presenting your request.

A. FILLING OUT THE FORM - TYPEWRITTEN OR IN INK

1. The enclosed forms should be filled out before you go to the Courthouse to file them. The Clerk of Court's staff will not help you in completing the forms.
2. **Verified Motion for Temporary Orders Ex Parte** - If there is no existing Order and you have, or are filing a Complaint, you are the Plaintiff. If there is an existing Order and you have, or are filing a Motion, and you were the Plaintiff on that Order, you are still the Plaintiff. If there is an existing Order and you have, or are filing a Motion, and you were the Defendant on that Order, you are still the Defendant.

Fill in the name of the county and court division (i.e., Juvenile, Domestic Relations) and the name, address, telephone number, and birth date of both parties. If there is no existing order, leave the case number blank. If there is an existing order, use the same case number that is on the existing order.

Fill in your name. Fill in the name(s) and date(s) of birth of the child(ren).

Under **Memorandum**, explain the reason that you need the court to grant an emergency order.

This is a verified Motion. Your signature has to be notarized. **Sign your name above Movant when you are in the presence of the Notary.**

Under **Instructions for Service**, check either Plaintiff or Defendant (the person you want the Court to serve the papers on) and sign your name above Movant.

3. Remove the instructions sheets and make three copies of each page of each form.

B. FILING THE MOTION

1. After the forms are filled out and copied, YOU MUST TAKE THEM to the Clerk of Court's office to be filed.
2. When you file your Motion, the Clerk's office staff will take the original and three copies of your papers. You should ask the Clerk to time-stamp your copy of the Motion. This will

be your proof that you filed the originals.

3. If your Motion is granted, a hearing will be set.

C. WHEN A HEARING IS SET

1. You should present a neat appearance to the court. The court will not permit anyone to appear in court if s/he is wearing any of the following items of clothing: a hat, shorts, sandals, sleeveless shirts, tops, or blouses, clothing displaying indecent language or pictures, or clothing with large rips or holes. Make sure that your witnesses know this and comply with these requirements.
2. You must be prepared for the hearing. You should have with you any witnesses that you wish to use to support your request. You should also bring any papers or other physical evidence that you want the court to see. **It is your burden to prove that it is in the best interests of the child(ren) to be with you.**
3. You will probably testify first. You should be prepared to tell the court all of the things that have happened that show that you should be granted temporary custody. This is the only opportunity that you will have to present the facts, **so make sure that you include everything.**
4. **VERY IMPORTANT: This is not the time to tell the court everything that the other person has done that you disagree with or that has hurt or angered you. The court will only want to hear the evidence that shows it is in the best interests of the child(ren) to be with you. Be prepared to limit your testimony to those points raised in your Motion. Tell the court why you believe the child(ren) benefit(s) by living in your home with you.**
5. At the hearing you may be asked questions by the court or by the other party or by an attorney. Directly respond to the questions. Listen to the question; make sure that you understand the question; and answer the question. If you do not understand the question, ask to have the question explained to you before answering it. Never answer a question you do not understand.
6. Child support and parenting time will also be decided. When child support is at issue, you must prove your income and expenses.
7. **Note:** The other party may ask the court for parenting time or visitation. If you want visitation limited or supervised, you will have to prove that it is in the best interests of the child to do that. You should have a list or idea of your reasons to tell the court why visitation should be limited or supervised. If you have no reasons, you should not ask for limitations or supervision.

**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

Third Party Plaintiff

and

Name

Street Address

City, State and Zip Code

Defendant

and

Name

Street Address

City, State and Zip Code

Defendant

VERIFIED MOTION FOR TEMPORARY ORDERS EX PARTE

Now comes _____, and moves this Honorable Court for an Order designating him/her as the temporary, residential parent and legal custodian of the minor child(ren):

Child's Name	Date of Birth

For ex parte relief, for the reasons set forth in the Memorandum below.

MEMORANDUM

Respectfully submitted,

Movant

STATE OF OHIO

SS:

VERIFICATION

COUNTY OF _____,

The undersigned, being duly sworn, hereby state that the facts in the foregoing Verified Motion for Temporary Orders Ex Parte are true to the best of his/her knowledge and belief.

Movant

SWORN TO AND SUBSCRIBED BEFORE ME, a Notary Public, this _____ day of _____, 20____.

NOTARY PUBLIC

INSTRUCTIONS FOR SERVICE

TO THE CLERK:

Please serve a copy of the Verified Motion for Temporary Orders Ex Parte upon:

- Plaintiff
- Defendant
- Third Party

at the address designated in the caption by Certified Mail service, with a return thereof as required by law.

Movant