DISCLOSURE OF PERSONAL IDENTIFIER INFORMATION

| LAST | MI | FIRST | |
|----------------|----------|-----------------|--------------|
| ADDRESS | | | |
| | | SECURITY NUMBER | |
| | ADVER | SE PARTY | |
| NAMELAST | МІ | FIRST | |
| ADDRESS | | | |
| DATE OF BIRTH/ | _/SOCIAL | SECURITY NUMBER | - |
| Phone Number | | Email | |
| | ADVER | SE PARTY | |
| NAMELAST | MI | FIRST | |
| ADDRESS | | | |
| DATE OF BIRTH/ | /SOCIAL | SECURITY NUMBER | |
| Phone Number | | Email | |

| (Name) | Case Number |
|-------------------------|-----------------------|
| (Address) | |
| (City, State, Zip) | Judge: MARIA N. KALIS |
| (Telephone Number) | |
| (Date of Birth) | |
| PLAINTIFF / PETITI | ONER |
| VS | |
| (Name) | MOTION TO INTERVENE |
| (Address) | |
| (City, State, Zip) | |
| (Telephone Number) | |
| (Date of Birth) | |
| DEFENDANT/PETIT | TIONER |
| And | |
| (Name) | |
| (Address) | |
| (City, State, Zip) | |
| (Telephone Number) | |
| (Date of Birth) THIRD I | PARTY |

The undersigned Movant respectfully requests that he/she/they be granted permission to intervene in the above-styled case as a party plaintiff.

MEMORANDUM IN SUPPORT

| Movant is the biologic | al of the fo | of the following minor child(ren): | | |
|------------------------|---|--|--|--|
| | Child's name | Date of Birth | | |
| Crounds in aupport of | the Motion to Intervene: | | | |
| | the Motion to intervene. | | | |
| | | | | |
| WHEREFORE, the | undersigned respectful a Third-Party Plaintiff in the | ly requests that the Court name ne above-captioned case. | | |
| ` | | Respectfully submitted, | | |
| | | (Signature) | | |
| | | (Printed Name) | | |
| | | (Address 1) | | |
| | | (Address 2) | | |
| | | (Telephone Number) | | |
| | | (Email) | | |

INSTRUCTIONS FOR SERVICE

TO THE CLERK:

| Please serve a copy of the Motion to Intervene and all ancillary papers on the parties at the |
|--|
| addresses in the caption by CERTIFIED MAIL SERVICE, return receipt requested with a return |
| thereof as required by law. Please also serve a copy of the Motion to Intervene to the Muskingum |
| County Department of Job and Family Services, Child Support Division by ordinary U.S. Mail. |

| Movant | | | |
|--------|--|--|--|

| PLAINTIFF / PETITIONER | CASE NO. | |
|---|-----------------------|--------|
| v. | JOURNALPAGE | - |
| DEFENDANT / PETITIONER | JUDGE KALIS | |
| AND | | |
| THIRD PARTY | | |
| <u>JUDGMEN</u> | <u>I' ENTRY</u> | |
| This matter is before the Court upon the Motion | n to Intervene filed | by |
| IT IS ORDERED, ADJUDGED, and DECREED to leave to intervene in this matter and is aligned as | | ranted |
| IT IS SO ORDERED. | | |
| | IIIDGE MARIA N. KALIS | |

<u>To the Clerk:</u> Please cause a true copy of the foregoing Judgment Entry to be served upon counsel of record or the parties in accordance with the Civil Rules.

| | Case No | D |
|--|--------------------------|---|
| Name | | |
| | Judge | MARIA N. KALIS |
| Street Address | | |
| City, State and Zip Code | | |
| Plaintiff/Petitioner 1 | | |
| riamun/retutoner i | | |
| vs./and | | |
| Name | | |
| Street Address | | |
| City, State and Zip Code | | |
| Defendant/Petitioner 2 | | |
| | | |
| vs./and | | |
| Name | | |
| Street Address | | |
| City, State and Zip Code | | |
| Third Party | | |
| WARNING: This form is not a substitute for It is highly recommended that y | | _ |
| Instructions: This form is used to request a change in the Arequest for Service (Uniform Domestic Relations In Proceeding Affidavit (Uniform Domestic Relations Form UPDATE THE CLERK OF COURTS IF ANY OF THE Area of the Instruction of the Inst | Form 31/U – Affidavit | Iniform Juvenile Form 10) and a Parenting 3) must be filed with this Motion. YOU MUST |
| or annual desired and in the A | | |
| MOTION FOR CHANGE OF PARENTING T | IME (CON | MPANIONSHIP AND VISITATION) |
| | • | , |
| Now comes | tation) ord | _ (name), the Movant, and requests a change der filed on(date) |
| | | |

| Name of Child | Date of Birth |
|---|--|
| Parental rights and responsibilities are currently | y allocated as follows: |
| | |
| | |
| Movant requests that the Court change the pare | enting time (companionship and visitation) order because: |
| | |
| | |
| Movant requests that the Court change the exist | ting parenting time (companionship and visitation) order as follows: |
| | |
| | |
| Movant believes that the requested changes are | e in the child(ren)'s best interest. |
| Movant requests that the Court order the follow Assessing reasonable attorne | |
| Assessing Court costs of the and any further relief deemed | |
| | Attorney or Self Represented Party Signature |
| | Printed Name |
| | Address |
| | City, State, Zip |
| | Phone Number |
| | Fax Number |
| | E-mail |
| | Supreme Court Reg No. (if any) |

| | | Case No | | |
|--|---|--|--|---|
| Third Party Plaintiff | | Judge Mari | a N. Kalis | |
| vs./ar | nd | | | |
| | | | | |
| Defendant | | | | |
| vs./aı | nd | | | |
| | | | | |
| Defendant | | | | |
| Instructions: Check local co with any Complaint, Petition or or visitation. Each party has concerning the child(ren) in a | or Motion regardin a continuing duty | g the allocation of parental while this case is pending | rights and responsibilities g to inform the Court of a | , parenting time, custody, ny parenting proceeding |
| P/ | ARENTING PR Affidavit of | OCEEDING AFFIDA | /IT (R.C. 3127.23(A)) | |
| ONLY CHECK THE FOL YOURSELF OR YOUR C OR IDENTIFYING INFOR REGARDING THE BASIS | HILD(REN) WO RMATION. YOU | ULD BE JEOPARDIZE ACKNOWLEDGE THA | D BY THE DISCLOSUR | RE OF YOUR ADDRESS |
| jeopardized by the disc | closure of identif | ying information to my s | pouse or the public. The | f my child(ren) would be erefore, I request that my ess I am requesting to be |
| 1. (Number): | Minor child(re | n) is/are subject to this | case as follows: | |
| Insert the information requ for all places where the ch | | | | u must list the residences |
| a. Child's name | | Place of birth | Date of birth | Sex□M □F |
| Period of residence | Address Confidential | Person child lived wit | h (name and address) | Relationship |
| | | | | _ |
| to present | | | | |
| to | | | | |
| | | | | |
| to | | | | _ |
| | | | | |
| to | | | | - |

| b. Child's name | | Place of birth | Date of birth | Sex□M □F |
|--|--------------------------|--|---------------------------|-------------------------------|
| David of regidence | Address | Darson shild lived with | th (name and address) | Polotionahin |
| Period of residence | Confidential | Person child lived wit | th (name and address) | Relationship |
| to present | | | | 1 |
| to | | | | _ |
| 0 | | | | _ |
| 0 | | | | _ |
| c. Child's name | | Place of birth | Date of birth | Sex□M □F |
| Period of residence | Address Confidential | Person child lived wit | h (name and address) | Relationship |
| to present | | | | _ |
| 0 | | | | |
| 0 | | | | |
| 10 | | | | |
| . Additional children ar attachment labeled 1 | | chment 1(d). (Provide red | quested information for a | l additional children on a |
| ☐ HAVE NO | OT participated a | (Check only one box) as a party, witness, or in custody of or visitation (| | |
| | | party, witness, or in any ody of or visitation (pare | | |
| <u> </u> | | | | |
| a. Name of eachb. Type of case: | | | | |

| | c. | Court and | l State: | | | |
|--------|--------|---|---|-------------------------------|--|---|
| | d. | Date and | court order or judgment (i | f any): | | _ |
| 3. | Info | rmation ab | cases relating to custoo | TION of a dy; domes | ny cases that could affect th | ne current case, including any ders; dependency, neglect, or to this case. |
| | | | case, including any ca | ases relati r abuse a | ing to custody; domestic v llegations; or adoptions con | es that could affect the current riolence or protection orders; cerning a child subject to this |
| | | Explain: | • | · · | | |
| | a. | Name of | each child: | | | |
| | b. | Type of ca | ase: | | | |
| | C. | Court and | l State: | | | |
| | d. | Date and | court order or judgment (i | f any): | | |
| | to the | e victim dur | ing the commission of the | offense. | | e offense and caused physical |
| | | NAME | CASE NUMB | ER | COURT/COUNTY/STATE | CHARGE |
| | | | | | | |
| 5. | Pers | I DO N have d I KNO | custody or visitation rights W THAT THE FOLLOWIN | RSON not with respond | • | this case has/have physical |
| a. Na | me/Ac | \square has ph | erson: lysical custody □ claim each child: | | rights □ claims visitation | _ |
| b. Na | , . | . 100 01 | | | | |
| J. 110 | me/Ac | | erson: physical custody 🛭 clair | | y rights □claims visitation | rights |

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)

| Affidavit and, to the best of my know | owledge and belief, the f | , swear or affirm that I have read this acts and information stated in this Affidavit are true, the truth, I may be subject to penalties for perjury. |
|---------------------------------------|---------------------------|---|
| | | Your Signature |
| STATE OF |) | |
| |) SS | |
| COUNTY OF |) | |
| Sworn to or affirmed before me by _ | | thisday of , |
| | | Signature of Notary Public |
| | | Printed Name of Notary Public |
| | | Commission Expiration Date: |
| | | (Affix seal here) |

| | Case No | O |
|--|--------------------------|--|
| Name | | |
| | Judge | MARIA N. KALIS |
| Street Address | | |
| City, State and Zip Code | | |
| Plaintiff/Petitioner 1 | | |
| riamun/retutoner i | | |
| vs./and | | |
| Name | | |
| Street Address | | |
| City, State and Zip Code | | |
| Defendant/Petitioner 2 | | |
| | | |
| vs./and | | |
| Name | | |
| Street Address | | |
| City, State and Zip Code | | |
| Third Party | | |
| WARNING: This form is not a substitute for It is highly recommended that y | | _ |
| Instructions: This form is used to request a change in the Arequest for Service (Uniform Domestic Relations In Proceeding Affidavit (Uniform Domestic Relations Form UPDATE THE CLERK OF COURTS IF ANY OF THE Area of the Instruction of the Inst | Form 31/U – Affidavit | Iniform Juvenile Form 10) and a Parenting 3) must be filed with this Motion. YOU MUST |
| or annual desired and in the A | | |
| MOTION FOR CHANGE OF PARENTING T | IME (CON | MPANIONSHIP AND VISITATION) |
| | • | • |
| Now comes | tation) ord | _ (name), the Movant, and requests a change der filed on(date) |
| | | |

| Name of Child | Date of Birth |
|---|--|
| Parental rights and responsibilities are current | tly allocated as follows: |
| | |
| | |
| Movant requests that the Court change the pa | arenting time (companionship and visitation) order because: |
| | |
| | |
| Movant requests that the Court change the exi | isting parenting time (companionship and visitation) order as follows: |
| | |
| | |
| Movant believes that the requested changes a | are in the child(ren)'s best interest. |
| Movant requests that the Court order the follo Assessing reasonable attorn | |
| Assessing Court costs of the and any further relief deeme | |
| | Attorney or Self Represented Party Signature |
| | Printed Name |
| | Address |
| | City, State, Zip |
| | Phone Number |
| | Fax Number |
| | E-mail |
| | Supreme Court Reg No. (if any) |

| | Case No. | |
|--------------------------|----------------------|--|
| Name | | |
| | Judge MARIA N. KALIS | |
| Street Address | | |
| City, State and Zip Code | | |
| | | |
| Third Party Plaintiff | | |
| vs./and | | |
| | | |
| | | |
| Name | | |
| Street Address | | |
| City, State and Zip Code | | |
| Defendant | | |
| vs./and | | |
| | | |
| Name | | |
| Street Address | | |
| City, State and Zip Code | | |

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.

Defendant

<u>Instructions</u>: 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 | e serve the following documents: (check all that apply) | |
|--------|---|--|
| | ☐ Complaint for Divorce with Children | |
| | Complaint for Divorce without Children Complaint for Parentage, Allocation of Parental Petition for Dissolution Motion and Affidavit or Counter Affidavit for Tem Motion for Change of Parental Rights and Resp Motion for Change of Parenting Time (Compani Motion for Change of Child Support, Medica 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) | porary Orders onsibilities (Custody) |
| Please | serve the following parties with the above marked doo | cuments: |
| | Defendant/Petitioner 2/Respondent at Certified Mail, Return Receipt Requested Issuance to Sheriff of Other: (specify) | (address) by: ounty, Ohio for Personal or Residence service |
| | Plaintiff/Petitioner 1 at | (address) by: |
| | ☐ Certified Mail, Return Receipt Requested☐ Issuance to Sheriff of☐ Other: (specify) | ounty, Ohio for Personal or Residence service |
| | | County Child Support Enforcement Agency at(address) by: |
| | ☐ Certified Mail, Return Receipt Requested ☐ Issuance to Sheriff of Cour ☐ Other: (specify) | ity, Ohio for ☐ Personal or ☐ Residence service |

| | Other | at |
|------|-------------------------------|--|
| | | (address) by: |
| | | County, Ohio for Personal or Residence service |
| | Other: (specify) | |
| | | |
| SPEC | CIAL 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) |