

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

Street Address

City, State and Zip Code

Case No. _____

Judge MARIA N. KALIS

Plaintiff/Petitioner 1

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

<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 request a change in the parenting time (companionship and visitation) order. A Request for Service (Uniform Domestic Relations Form 31/Uniform Juvenile Form 10) and a Parenting Proceeding Affidavit (Uniform Domestic Relations Form – Affidavit 3) must be filed with this Motion. YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES.</p>
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MOTION FOR CHANGE OF PARENTING TIME (COMPANIONSHIP AND VISITATION)

Now comes _____ (name), the Movant, and requests a change in the existing parenting time (companionship and visitation) order filed on _____ (date) regarding the following minor child(ren):

Name of Child

Date of Birth

_____	_____
_____	_____
_____	_____

Parental rights and responsibilities are currently allocated as follows:

Movant requests that the Court change the parenting time (companionship and visitation) order because:

Movant requests that the Court change the existing parenting time (companionship and visitation) 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**

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				
	<input type="checkbox"/>			
to				
	<input type="checkbox"/>			
to				
	<input type="checkbox"/>			
to				

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: _____

**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)