

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

**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 the enforcement of a Court order and hold the other party in contempt for violating the Court order. A proposed Show Cause Order and Notice (Uniform Domestic Relations Form 25/Uniform Juvenile Form 4) 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 CONTEMPT, AFFIDAVIT, AND INSTRUCTIONS FOR SERVICE

Now comes _____ (name), the Movant, and requests an order for _____ (other party's name) to appear and show cause why he/she should not be held in contempt for violating a Court order regarding the following: *(check all that apply)*

1. Interference with parenting time or other parenting orders filed on _____ (date), as follows: _____

2. Failure to pay child support as required by the order filed on _____ (date). The total arrearage owed is \$_____ as reflected in the attached printout from the County Child Support Enforcement Agency.
3. Failure to pay spousal support as required by the order filed on _____ (date). The total arrearage owed is \$_____ as reflected in the attached printout from the County Child Support Enforcement Agency, if spousal support is paid through the agency.
4. Failure to pay or reimburse health care expenses incurred for the minor child(ren) as required by the order filed on _____ (date). The total amount owed is \$_____ as reflected in the attached Explanation of Health Care Bills (Uniform Domestic Relations Form 29/Uniform Juvenile Form 8).
5. Failure to comply with the Court's order(s) filed on _____ (date) regarding: *(check all that apply)*
 - Transfer of real estate, as follows: _____

 - Payment of debt, as follows: _____

 - Refinance of debt, as follows: _____

 - Distribution of personal property, as follows: _____

 - Other: *(specify)* _____

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

- Finding _____ (other party's name) in contempt of Court;
- 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)

OATH OR AFFIRMATION

(Do not sign until Notary Public is present)

I, _____ (name), swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

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)

INSTRUCTIONS TO THE CLERK

To the Clerk of Courts:

Please serve the Motion for Contempt, Affidavit, Show Cause Order and Notice and Instructions to the Clerk on the following party as I have indicated below:

_____ Plaintiff/Defendant/Petitioner/Respondent/Other Party by:

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

Signature

**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/Respondent

vs./and

Name

Street Address

City, State and Zip Code

Third Party

Instructions: This form is used to bring the other party to Court to defend his/her failure to follow the Court order. A Motion for Contempt, Affidavit, and Instructions for Service (Uniform Domestic Relations Form 24/Uniform Juvenile Form 3) must be filed with this order.

SHOW CAUSE ORDER AND NOTICE

TO: _____
PLAINTIFF/DEFENDANT/PETITIONER/RESPONDENT/OTHER PARTY

You are hereby ORDERED to appear and show cause why you should not be held in contempt for failure to obey the Court order as described in the Motion for Contempt.

NOTICE OF HEARING
(The Court will complete this part.)

You are ORDERED to appear in the _____ Muskingum _____ County Common Pleas Court
_____ Domestic Relations _____ Division, in Courtroom _____ located at _____ 22 N. 5th Street
_____ Zanesville, Ohio 43701
on _____ at _____ o'clock and show cause why you should
not be held in contempt of this Court.

NOTICE

1. Failure to appear as ordered may result in the issuance of a bench warrant for an immediate arrest.
2. Failure to appear may result in an immediate income withholding or deduction.
3. You have the right to be represented by an attorney.
4. If you cannot afford an attorney, you must apply for a public defender or appointed counsel, as appropriate, within three business days after receipt of this show cause order.
5. A continuance may not be granted to obtain counsel if you have made no good faith effort to secure one.
6. If found guilty, you may be sentenced as follows:
 - a. First offense – a fine of not more than \$250.00 and/or a definite term of imprisonment of not more than thirty (30) days in jail or both.
 - b. Second offense – a fine of not more than \$500.00 and/or a definite term of imprisonment of not more than sixty (60) days in jail or both.
 - c. Third offense – a fine of not more than \$1,000.00 and/or a definite term of imprisonment of not more than ninety (90) days in jail or both.
7. The Court may grant you limited driving privileges under R.C. 4510.021 if your driver's license was suspended based on a notice issued by a child support enforcement agency because you are in default under a child support order or you have failed to comply with a subpoena or warrant issued by a court or agency with respect to a proceeding to enforce a child support order. You must request limited driving privileges and your request must be accompanied by a recent copy of your driver's abstract driving record from the registrar of motor vehicles.

JUDGE/MAGISTRATE

Name of Child: _____

Case No. _____

Instructions: This form is used when you are claiming the other party has not paid health care bills. **Use a separate form for each child.** A Motion for Contempt and Affidavit (Uniform Domestic Relations Form 24/Uniform Juvenile Form 3) and a Show Cause Order and Notice to the Clerk (Uniform Domestic Relations Form 25/Uniform Juvenile Form 4) must be filed. You must bring copies of health care bills, Explanation of Benefits forms, and proof of payment to the hearing. Be prepared to indicate the amount owed to you, service providers, collection agencies, or other entities. **If more space is needed, add additional pages.** The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file.

EXPLANATION OF HEALTH CARE BILLS

<u>Date of Treatment</u>	<u>Name of Service Provider (e.g., Doctor, Dentist, Therapist, Hospital) & Services Provided</u>	<u>Total Bill</u>	<u>Date Bill Sent to Other Party</u>	<u>Amount Insurance Paid</u>	<u>Amount You Paid</u>	<u>Amount Paid by Other Party</u>	<u>Amount of Unpaid Bill</u>	<u>Amount Due from Other Party</u>

Total Amount of Claim \$ _____

Your Signature

Date

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

PLAINTIFF/PETITIONER

Case Number: _____

-VS-

Judge MARIA N. KALIS

DEFENDANT/PETITIONER II

SUMMONS IN CONTEMPT

-VS-

THIRD PARTY

To _____

A written charge of CONTEMPT has been filed against you in this Court by: (State the name and address of movant.)

A copy of the Order to Appear and Show Cause is attached. The name and address of the movant's attorney are: (State attorney's name and address.)

You are hereby **SUMMONED AND ORDERED TO APPEAR**. Failure to appear may result in the issuance of an order for your arrest and, if the matter relates to child or spousal support, the issuance of an order for the withholding of support from your income or assets.

You have the right to have an attorney represent you in this matter. If you are indigent, you have the right to have the Court appoint an attorney to represent you at no cost to you. If you believe you are indigent, you **MUST** apply to the Court for an appointed attorney within three (3) business days after you receive this summons. The Court may refuse to grant a continuance at the time of the hearing for the purpose of providing you an opportunity to retain an attorney if you have failed to make a good faith effort to retain an attorney or apply for a court-appointed attorney prior to the hearing. To request a court-appointed attorney, contact the Domestic Relations Court, 22 N. Fifth Street, Zanesville, Oh 43701, Telephone (740) 455-7190.

If you are found guilty of contempt, the Court may impose the following sentences: (1) FOR A FIRST OFFENSE: A FINE OF NOT MORE THAN TWO HUNDRED FIFTY DOLLARS, A DEFINITE TERM OF IMPRISONMENT OF NOT MORE THAN THIRTY DAYS IN JAIL, OR BOTH; (2) FOR A SECOND OFFENSE: A FINE OF NOT MORE THAN FIVE HUNDRED DOLLARS, A DEFINITE TERM OF IMPRISONMENT OF NOT MORE THAN SIXTY DAYS IN JAIL, OR BOTH; (3) FOR A THIRD OR SUBSEQUENT OFFENSE; A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS, A DEFINITE TERM OF IMPRISONMENT OF NOT MORE THAN NINETY DAYS IN JAIL OR BOTH. IN ADDITION, IF THE CONTEMPT CONSISTS OF THE OMISSION TO DO AN ACT WHICH YOU CAN YET PERFORM, THE COURT MAY IMPRISON YOU INDEFINITELY UNTIL YOU PERFORM THE ACT. Sections 2705.05 and .06 O.R.C.

The Court may grant limited driving privileges under section 4510.021 of the Revised Code pursuant to a request made by the accused, if the driver's license was suspended based on a notice issued pursuant to section 3123.54 of the Revised Code by the child support enforcement agency and if the request is accompanied by a recent noncertified copy of a driver's abstract from the registrar of motor vehicles.

Date: _____

Clerk of Court

By: _____
Deputy

REQUEST OF SERVICE (PERSONAL)

Received this summons on the ____ day of _____, 20____ at _____
____.m. and the _____ day of _____, 20____, I served the same
upon _____ by delivering to
_____ personally a true copy of summons, a copy of the motion and
accompanying documents.

Sheriff-Bailiff-Process Server

Deputy