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

		Case No.		
Plaintiff/Petitioner 1		JUDGE M	IARIA N. KALIS	
vs./a	and	•		
Defendant/Petitioner	2/Respondent	<u></u> ;		
Instructions: Check local co with any Complaint, Petition or visitation. Each party has concerning the child(ren) in a	or Motion regardin a continuing duty	g the allocation of parentally while this case is pendi	al rights and responsibilities ng to inform the Court of a	, parenting time, custody, iny parenting proceeding
P/	ARENTING PR Affidavit of	OCEEDING AFFIDA	VIT (R.C. 3127.23(A))	
ONLY CHECK THE FOL YOURSELF OR YOUR C OR IDENTIFYING INFOF REGARDING THE BASIS	HILD(REN) WO RMATION. YOU	ULD BE JEOPARDIZE ACKNOWLEDGE TH	D BY THE DISCLOSUR	RE OF YOUR ADDRESS
jeopardized by the disaddress be placed urbe sealed.  1. (Number): Insert the information requ	sclosure of ident nder seal. I have Minor child(re	ifying information to my marked the correspon  n) is/are subject to thi all minor or dependent of	spouse or the public. The ding box next to each act is case as follows:	f my child(ren) would be erefore, I request that my ddress I am requesting to u must list the residences
for all places where the children have lived a. Child's name		d for the last FIVE years Place of birth	Date of birth	Sex□M □F
Period of residence	Address Confidential	Person child lived with (name and address) Rela		Relationship
to present				
to				
to				
to				

b. Child's name		Place of birth	Date of birth	Sex□M □F
Deried of residence	Address	Doroon shild lived wit	b (name and address)	Dalatianahin
Period of residence	Confidential	Person child lived wit	h (name and address)	Relationship
to present				
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				
10				_
0				
to				
Additional children ar attachment labeled 1		hment 1(d). (Provide red	quested information for a	additional children on a
	T participated a	(Check only one box) as a party, witness, or in a custody of or visitation (	any capacity in any othe parenting time), with any	er case, in this or any y child subject to this
☐ I <b>HAVE</b> pa state, cond <i>Explain</i> :	rticipated as a perning the custo	earty, witness, or in any cody of or visitation (parer	capacity in any other cas nting time), with any chil	se, in this or any other d subject to this case.
<u> </u>				

	C.	Court and State: Date and court order or judgment (if any):				
	d.					
3.	Info	rmation ab □	cases relating to custod	ΓΙΟΝ of a ly; domes	ny cases that could affect th	ne current case, including any ders; dependency, neglect, or to this case.
			case, including any ca	ses relat r abuse a	ing to custody; domestic v illegations; or adoptions con	s that could affect the current iolence or protection orders; cerning a child subject to this
		Explain:				
	a.	Name of e	each child:			
	b.		ase:			
	C.		State:			
	d.	Date and court order or judgment (if any):				
nam		NAME	ng the commission of the	T	COURT/COUNTY/STATE	CHARGE
5.	Pers	I <b>DO N</b> have c	ustody or visitation rights  W THAT THE FOLLOWIN	SON not with resp	a party to this case who has ect to any child subject to thi  D PERSON(S) not a party to r visitation rights with respec	s case. this case has/have physical
		☐ has ph Name of e	each child:	s custody	rights □ claims visitation	•
b. Na	me/Ad	-	hysical custody   claim		ly rights □claims visitation	_
c. Na	me/Ad	☐ has p			dy rights □claims visitation	

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**

	<i>until Notary Public is present)</i>
	belief, the facts and information stated in this Affidavit are true ot 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)
	elief, the facts and information stated in this Affidavit are true, t tell the truth, I may be subject to penalties for perjury.
	Your Signature
STATE OF)   SS	
Sworn to or affirmed before me by	, thisday of,
	Signature of Notary Public
	Printed Name of Notary Public
	Commission Expiration Date (Affix seal here)