

INSTRUCTIONS

COMPLAINT FOR ALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES (COMPLAINT FOR CUSTODY)

WARNING: These instructions are intended to be a general guide to help you get the forms filled out, filed with the Court and presented properly before the Judge or Magistrate. These instructions are not intended to be a legal analysis of your request or advice as to whether your motion will succeed; rather, they are merely to assist you in preparing and presenting your request.

**If you have any doubt or question as to whether you can use
these papers or how to use them, please contact a lawyer!**

**All of the attached forms should be filled out before you go to the Juvenile
Courthouse to file them. The Clerk of Courts staff will not help you in completing the
forms. They are not permitted to do so. They cannot give you legal advice.**

1. At the top of the COMPLAINT FOR ALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES form fill in the names and addresses of the Plaintiff/Petitioner and the Defendant/Respondent. You are the Plaintiff/Petitioner. The Defendant/Respondent is the other parent of the child, in most cases. The Clerk will fill in the case number.

2. In paragraph 1 of the COMPLAINT FOR ALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES form put your relationship to the child in the first blank. In the second blank put the child's name. In the third blank put the child's date of birth.

3. In paragraph 2 of the COMPLAINT FOR ALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES identify the other parent of the child by name.

4. In paragraph 3 of the COMPLAINT FOR ALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES fill in the name of the person with whom the child is living with at the present time and that person's address.

5. In paragraph 5 of the COMPLAINT FOR ALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES fill in why it is in the best interest of the child that you have custody. If you run out of space, continue your reasons for wanting custody on a blank sheet of paper and attach it to the Complaint.

6. Where it says "Respectfully submitted" sign your name on the line above the word "Movant" and print your name on the line below that.

7. You also must complete Form JC-1 and Form JC-4 as completely as possible. Where you see the word "Affiant," that means you. Be very careful in completing these forms. You will be swearing under oath before a Notary Public as to the truth of the information you

enter on these forms. **Please note: you must sign these forms in the presence of a Notary Public before you bring them back to file them with the Clerk of Court.**

IF YOU LIE ON THESE FORMS OR MISREPRESENT ANY OF THE FACTS OR FAIL TO LIST SOMETHING YOU SHOULD LIST, THE COURT MAY DISMISS YOUR MOTION AND/OR HOLD YOU IN CONTEMPT OF COURT AND SENTENCE YOU TO JAIL AND/OR ORDER YOU TO PAY A FINE AND/OR CHARGE YOU WITH CRIMINAL PERJURY OR FALSIFICATION.

8. After the forms have been completed and notarized, make two (2) copies of every page of each form before you bring them to the Clerk of Court for filing.

9. When you file your paperwork, the Clerk's Office staff will first determine if the forms are completed properly. If they are not completed properly, they will not be accepted for filing and will be returned to you. If they are completed properly, the Deputy Clerk will take the original and the two copies of your papers and the filing fee from you. The Clerk will return one copy of your papers to you with a time and date stamp on them and a receipt for the filing fee. This will be your proof that you filed the originals.

The Clerk of Court will then send a copy of your motion and a Summons to the other party notifying them that a Complaint has been filed. You and the other party will receive an Assignment Notice in the mail when your case is scheduled for a **pre-trial conference** (where the parties and the Court discuss the issues and attempt to resolve the dispute) or a **hearing** (also known as a **trial**), where you will be required to present your evidence.

In most cases, the filing fee is \$125.00. The Clerk can tell you the correct amount of the filing fee.

10. It will help your case a great deal if you are prepared on the day of the hearing. You should dress as you would for a job interview. Bring with you any witnesses that you wish to present to the Court on the day of the hearing. At the hearing it will be up to you to properly present your evidence and testimony to the Court. You will need to prove to the Court that you are the parent of the child, and it is strongly recommended that you bring a certified copy of the child's birth certificate, or some other proof of parentage, with you to the hearing.

11. At the hearing, the Judge or Magistrate will want to know these things: why you want to be the residential parent and legal custodian and why you believe this change is in the best interest of the child. At the hearing you will be asked certain questions. You should respond to the questions directly. Listen to the question and make sure that you provide the information you are asked for and nothing more. If you do not understand a question or are not sure what you are being asked, simply say so. You have the right to understand a question before you answer it. After the hearing, you will receive a copy of the Court's decision in the mail.

ALLEN COUNTY, OHIO, COURT OF COMMON PLEAS
JUVENILE DIVISION

IN THE MATTER OF:

*

CASE NO. _____

*

*

*

Plaintiff/Petitioner

VS.

*

**COMPLAINT FOR ALLOCATION OF
PARENTAL RIGHTS AND
RESPONSIBILITIES
(COMPLAINT FOR CUSTODY)**

*

*

*

*

Defendant/Respondent

1. I am the _____ of the minor child _____
who was born on _____.

2. The natural mother/father of the child is _____.

3. The minor child is currently residing with _____
at _____.

4. The child is not the ward of another court in Ohio.

5. It is in the best interest of the child that I be granted custody because

WHEREFORE, I hereby request that I be named the sole residential parent and legal custodian of the above minor child.

I also request that the Court enter orders concerning parenting time for the nonresidential parent, child support, health insurance coverage, payment of the child's uninsured health care expenses and allocation of the right to claim the child for income tax purposes.

Date: _____

Plaintiff/Petitioner

IN THE ALLEN COUNTY COURT OF COMMON PLEAS, LIMA, OHIO
JUVENILE DIVISION

PLAINTIFF,
VS

DEFENDANT,

CASE NO.: _____

CUSTODY AFFIDAVIT
(O.R.C. SECTIONS 3127.23 &
3109.04(L))

AFFIANT BEING FIRST DULY SWORN, DEPOSES AND SAYS:

- 1.) THAT THE NAME AND PRESENT ADDRESS OF EACH CHILD, THE CUSTODY AND VISITATION OF WHICH IS TO BE DETERMINED BY THIS COURT, IS:

- 2.) THAT THE ADDRESSES AT WHICH EACH CHILD HAS LIVED WITHIN THE PAST FIVE YEARS PRIOR TO FILING THIS COURT ACTION ARE:

- 3.) THAT THE NAMES AND ADDRESSES OF ALL PERSONS WITH WHOM EACH CHILD HAS LIVED WITHIN THE PAST FIVE YEARS PRIOR TO INSTITUTING THIS COURT ACTION, AND THE DATES THEREOF, ARE:

- 4.) THAT AFFIANT HAS NOT PARTICIPATED AS A PARTY, WITNESS OR IN ANY OTHER CAPACITY IN ANY OTHER LITIGATION, IN THIS OR ANY OTHER STATE, THAT CONCERNED THE ALLOCATION, BETWEEN THE PARENTS OF THE SAME CHILD, OF PARENTAL RIGHTS AND RESPONSIBILITIES FOR THE CARE OF THE CHILD AND THE DESIGNATION OF THE RESIDENTIAL PARENT AND LEGAL CUSTODIAN OF THE CHLD THAT OTHERWISE CONCERNED THE CUSTODY OF THE SAME CHILD, EXCEPT AS FOLLOWS:

- 5.) THAT AFFIANT HAS NO INFORMATION OR ANY PARENTING PROCEEDING CONCERNING THE CHILD PENDING IN A COURT OF THIS OR ANY OTHER STATE, EXCEPT AS FOLLOWS:

- 6.) THAT AFFIANT HAS NO KNOWLEDGE OF ANY PERSON WHO IS NOT A PARTY TO THE PROCEEDING AND HAS PHYSICAL CUSTODY OF THE CHILD OR CLAIMS TO BE A PARENT OF THE CHILD WHO IS DESIGNATED THE RESIDENTIAL PARENT AND LEGAL CUSTODIAN OF THE CHILD OR TO HAVE VISITATION RIGHTS WITH RESPECT TO THE CHILD OR TO BE A PERSON OTHER THAN A PARENT OF THE CHILD WHO HAS CUSTODY OR VISITATION RIGHTS WITH RESPECT TO THE CHILD, EXCEPT AS FOLLOWS:

- 7.) THAT AFFIANT HAS NOT PREVIOUSLY BEEN CONVICTED OF NOR PLEADED GUILTY TO ANY CRIMINAL OFFENSE INVOLVING ANY ACT THAT RESULTED IN A CHILD BEING AN ABUSED CHILD OR A NEGLECTED CHILD OR PREVIOUSLY HAS BEEN DETERMINED, IN A CASE IN WHICH A CHILD HAS BEEN ADJUDICATED AN ABUSED CHILD OR A NEGLECTED CHILD, TO BE THE PERPETRATOR OF THE ABUSIVE OR NEGLECTFUL ACT THAT WAS THE BASIS OF THE ADJUDICATION, EXCEPT AS FOLLOWS:

- 8.) THAT NEITHER THE AFFIANT NOR ANY MEMBER OF HIS/HER HOUSEHOLD HAS BEEN CONVICTED OF OR PLEADED GUILTY TO A) DOMESTIC VIOLENCE, B) ANY SEXUALLY ORIENTED OFFENSE OR C) ANY OTHER OFFENSE IN WHICH A FAMILY OR HOUSEHOLD MEMBER WAS PHYSICALLY HARMED, EXCEPT AS FOLLOWS:

AFFIANT REALIZES THAT HE/SHE HAS A CONTINUING DUTY TO INFORM THE COURT OF ANY CUSTODY PROCEEDING CONCERNING THE CHILDREN IN THIS OR ANY OTHER STATE OF WHICH AFFIANT OBTAINS INFORMATION DURING THE PENDENCY OF THIS PROCEEDING.

FURTHER AFFIANT SAYETH NAUGHT.

AFFIANT

SWORN TO BEFORE ME AND SUBSCRIBED TO IN MY PRESENCE THIS _____
DAY OF _____, 20____.

NOTARY PUBLIC, STATE OF OHIO

IN THE ALLEN COUNTY COMMON PLEAS COURT, JUVENILE DIVISION

CASE NO.: _____

(Plaintiff)

V.

(Defendant)

CHILD SUPPORT AFFIDAVIT

OF _____

(Name of Affiant)

EMPLOYMENT & OTHER INCOME *

OTHER INCOME

AFFIANT'S PLACE(S) OF EMPLOYMENT _____

CHILD SUPPORT _____

ALIMONY _____

PAID: WKLY BI-WKLY

SOCIAL SECURITY _____

MONTHLY BI-MONTHLY (CHECK ONE)

PUBLIC ASSISTANCE _____

OTHER _____

NET PAY/PERIOD _____

GROSS PAY/PERIOD _____

*Attach supporting documentation, including copies of pay stubs and your most recent U.S. income tax return

CHILDREN

Number of Minor Children of Affiant _____

Number in Custody of Affiant _____

Number in Custody of Another Person _____

Child Support Received By This Affiant _____

Child Support Paid By This Affiant _____

HEALTH AND INSURANCE

Is Health Insurance Coverage For The Child Available Through Your Employer? Yes No

Are you Providing Health Insurance Coverage For The Child? Yes No

Costs To You To Maintain Coverage: _____

Medical Problems or Other Special Needs Of The Children: _____

ASSETS
CURRENT MONETARY ASSETS

Checking Account \$ _____

Savings Account \$ _____

Cash on Hand \$ _____

OTHER ASSETS

RESIDENCE

Current Value \$ _____

Outstanding Mortgage Debt

\$ _____

MOTOR VEHICLES

Year _____ Make _____ Model _____

Current Value \$ _____ Debt Owed \$ _____

Year _____ Make _____ Model _____

Current Value \$ _____ Debt Owed \$ _____

MONTHLY EXPENSES

ITEM

AMOUNT

Rent/Mortgage \$ _____

Heat \$ _____

Electric \$ _____

Telephone \$ _____

Water \$ _____

Clothing \$ _____

Groceries \$ _____

Insurance \$ _____

Gasoline \$ _____

Medical, Etc. \$ _____

Car Payment \$ _____

Other \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL MONTHLY EXPENSES \$ _____

STATE OF OHIO
COUNTY OF ALLEN

_____ being first duly sworn says that the above statements are true.

Signature of Affiant

Sworn before me this _____ day of _____, _____.

Notary Public

APPLICATION FOR CHILD SUPPORT SERVICES

IMPORTANT: THIS FORM MUST BE COMPLETED IN ORDER FOR THE CHILD SUPPORT ENFORCEMENT AGENCY TO PROMPTLY ISSUE WAGE WITHHOLDING ORDERS FOR CHILD SUPPORT/SPOUSAL SUPPORT AND MEDICAL COVERAGE.

I request child support services from the ALLEN COUNTY CSEA (Child Support Enforcement Agency).
I understand and agree to the following:

- A. I am a resident of the county in which services are requested and no other Ohio county has jurisdiction over support – OR – I am requesting services from the Ohio county of jurisdiction.
- B. Recipients of child support services shall cooperate to the best of their ability with the CSEA. (See attached rights and responsibility information).
- C. 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.

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 Only Services', if the sole need is to find the whereabouts of the absent parent.

2. Establishment or Adjustment 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 (adjustment), and to establish a medical support order.

3. Enforcement of Existing Orders.

The CSEA can help you collect current and past-due child support.

- A. The Agency can collect past-due support (arrearages) by intercepting a payor's federal and state income tax refunds in some cases.
- B. Withholding of wages and unearned income for the payment of ordered support.
- C. Collection and Disbursement of payments
- D. Interstate Collection

4. 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.

Type(s) of Services(s) Requested:

All services listed Location of non-residential parent only Other (please explain): _____

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

If Applicant is a Minor:

APPLICANT INFORMATION

Name:		Home Phone #:	
Home Address:		Mailing Address:	
Sex:		Race:	
Social Security #: (in full)		Date of Birth: (in full)	

APPLICANT EMPLOYER INFORMATION

Employer Name:		Employer Phone # Employer Fax #	
Employer Address:		Is Medical Insurance Available?	

CHILD 1

CHILD 2

CHILD 3

Name:			
Sex:			
Race:			
Social Security #: (in full)			
Date of Birth: (in full)			
Home Address:			
Has Paternity (Fatherhood) been Established?			
Name(s) of Absent Parent(s):			
Is there an Order for Support?			
Is the Child covered by Medical Insurance?			

PARENT INFORMATION

	PARENT 1	PARENT 2
Name (and alias):		
Address:		
Social Security #: (in full)		
Date of Birth: (in full)		
Sex:		
Race:		
Name and Address of Employer:		
Employer Phone #: Employer Fax #:		
Is Medical Insurance Provided?		