

APPENDIX I
JUVENILE COURT
Juvenile Court Face Sheet

CHILD INFORMATION:

Name _____

Last _____ First _____ Middle _____

Child also known as _____

 Last _____ First _____ Middle _____

SSN: _____ DOB: _____ Gender: _____ Race: _____

Birth City/State: _____

Before Removal of Child (if applicable):

Current Address _____ City/State _____

School and Grade: _____ School District: _____

BIOLOGICAL PARENT INFORMATION:

Mother's Name

 Last _____ First _____ Middle _____

Also known as _____

 Last _____ First _____ Middle _____

Address: _____

 Number/Street _____ City/State _____ Zip _____

Phone Number: _____ SSN: _____

DOB: _____ Gender: _____ Race: _____ Custody Type: _____

(legal, shared parenting, shared custody)

Mother's Marital Status: _____ Interpreter Needed: yes no

(married, divorced, never married, etc ...) Language: _____

Father's Name

 Last _____ First _____ Middle _____

Also known as _____

 Last _____ First _____ Middle _____

Address: _____

 Number/Street _____ City/State _____ Zip _____

Phone Number: _____ SSN: _____

DOB: _____ Gender: _____ Race: _____ Custody Type: _____

(legal, shared parenting, shared custody)

Father's Marital Status: _____ Interpreter Needed: yes no

(married, divorced, never married, etc ...) Language: _____

CUSTODIAN: (person with legal custody of the child other than biological parent)

Name _____
Last First Middle

Also known as _____
Last First Middle

Address: _____
Number/Street City/State Zip

Phone Number: _____ SSN: _____

DOB: _____ Gender: _____ Race: _____ Custody Type: _____
(legal, shared parenting, shared custody)

Custodian's Marital Status: _____ Interpreter Needed: yes no
(married, divorced, never married, etc ...)

Language: _____

PERSON FILING COMPLAINT OR MOTION:

Name _____
Last First Middle

Also known as _____
Last First Middle

Address: _____
Number/Street City/State Zip

Phone Number: _____ SSN: _____

DOB: _____ Gender: _____ Race: _____

Marital Status: _____ Interpreter Needed: yes no
(married, divorced, never married, etc ...)

Language: _____ Interpreter needed for: _____

Legal Relationship to child: _____

**COMPLAINT FOR CUSTODY
AND REQUEST FOR HEARING**

Insert name of child here
In Re: _____ DOB: _____

Now comes _____ Complainant, stating as follows:

1. Said child is not a ward of any other court.
2. Said child now resides at _____ which is located within the _____ school district in Butler County, Ohio.
3. Said child's parents, custodian, and the complainant herein are identified as follows:

Mother's Name: _____
Mother's maiden name _____
and/or aliases: _____
Mother's Address: _____
City, State, & Zip _____
Mother's Phone No.: _____
Mother's Date of Birth: _____
School District where
mother resides _____

Father's Name: _____
Father's name and/or aliases: _____
Father's Address _____
City, State, & Zip _____
Father's Phone No.: _____
Father's Date of Birth: _____
School District where
father resides: _____

Custodian's Name: _____
Custodian's maiden name _____
and/or aliases: _____
Custodian's Address: _____
City, State, & Zip _____
Custodian's Phone No.: _____
Custodian's Date of Birth: _____
School District where
custodian resides _____

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Complainant's Name: _____
Complainant's maiden name _____
and/or aliases: _____

Complainant's relationship to the child: _____
_____ (example: grandmother, uncle, aunt, sister etc. **NOTE: If you are not legally related to the child, you must have a home study prepared before the hearing. See HOME STUDY in the instructions.**)

Complainant's Address: _____
City, State, & Zip: _____
Complainant's Phone No.: _____
Complainant's Date of Birth: _____
School District where
complainant resides _____

4. Said child's circumstances are such that it is necessary for this court to assume jurisdiction over said child pursuant to §2151.23 of the Revised Code.

5. The reasons that the complainant is filing this complaint are as follows: _____

6. Complainant prays that this court conduct a hearing regarding this matter and order, in the best interests of said child, that legal custody of said child be vested in complainant.

_____ Complainant
The State of _____, _____, County.

_____, being first duly sworn, states that the statements contained in the foregoing complaint are true to the best of his/her knowledge, information, and belief.

Notary Public

Sworn to and subscribed before me this _____ day of _____ 20__

NOTICE OF HEARING

A hearing on the above motion to modify will be held on _____
at the Butler County Juvenile Court, 280 North Fair Avenue Hamilton, Ohio 45011
before a Judge/Magistrate of that court.

CHILD CUSTODY AFFIDAVIT
§3127.23 O.R.C.

- This form or a form identical in content to this form must be completed and attached to each party's initial pleading in any child custody proceeding.
- A public children services agency need not complete and attach this affidavit with its pleadings.
- Each party has an ongoing duty to inform the court of any child custody proceeding concerning the child in this or any other state that could affect the current proceeding.

In Re: _____
(Insert name of child above)

The undersigned _____, being duly sworn, state that the following information, if reasonably ascertainable, is true and accurate to the best of his or her knowledge, information, and belief.

1. The child's current address or whereabouts is:

Address: _____
City/State/Zip _____

2. The child has lived with the following persons within the past five (5) years (attach additional page if necessary):

Name: _____
Relationship to child: _____
Address: _____
City/State/Zip _____
Phone Number: _____
Time period: From _____ To _____

Name: _____
Relationship to child: _____
Address: _____
City/State/Zip _____
Phone Number: _____
Time period: From _____ To _____

3. The current addresses of the persons with whom the child has resided within the past five (5) years are as follows (attach additional page if necessary):

Name: _____
Address: _____
City/State/Zip _____
Phone Number: _____
Name: _____
Address: _____
City/State/Zip _____
Phone Number: _____

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4. I have have not participated as a party, witness, or in any other capacity in any other proceeding concerning the allocation, between the parents of this child, of parental rights and responsibilities for the care of the child including any designation of parenting time rights and the designation of the residential parent and legal custodian of the child or that otherwise concerned the custody of or visitation with the child. If so, the court, case number and the date of the child custody determination is as follows (attach additional page if necessary):

State and County name: _____

Date: _____

Case Number: _____

5. I have do not have any knowledge of any proceedings that could affect the current proceeding, including proceedings for enforcement of child custody determinations, proceedings relating to domestic violence or protection orders, proceedings to adjudicate the child as an abused, neglected, or dependent child, proceedings seeking termination of parental rights, and adoptions. If so, the court, the case number, and the nature of the proceeding(s) is/are as follows (attach additional page if necessary):

State and County name: _____

Date: _____

Case Number: _____

6. I know do not know 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 parenting time 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. If so, the names and addresses of those persons are as follows (attach additional page if necessary):

Name: _____

Address: _____

City/State/Zip _____

Phone Number: _____

Name: _____

Address: _____

City/State/Zip _____

Phone Number: _____

7. I am requesting that the information contained in this affidavit be kept under seal and not be disclosed to the other party or parties in this action for the following reason(s): _____

Affiant/Petitioner

Sworn to and subscribed before me and in my presence on _____, _____.

Notary Public

IN THE COURT OF COMMON PLEAS
JUVENILE COURT
BUTLER COUNTY, OHIO

Case No. _____

Consent to Change in Custody

Insert name of child here

In Re: _____

The undersigned (parent's or custodian's name) _____, represents that (s)he:

1. Is qualified to consent to the custody and guardianship of (child's name) _____
_____ in that (s)he is the mother father custodian or guardian of said child
2. Hereby waives the following rights regarding the petitioner's request for custody:
 - The right to counsel.
 - The right to contest petitioner's request for custody at a trial,
 - The right to be notified of the issuance of any magistrate's decision and/or order or other court order which grants custody to the petitioner,
 - The right to be served with a final appealable order regarding this matter.
3. Consents to the issuance of a court order which would grant legal custody and guardianship to:
_____ petitioner's name(s) and agrees that the issuance of such an order is in the best interests of this child.
4. Understands that once custody is ordered by the court that such custody can only be modified by court order. Such an order can only be issued upon agreement of the parties or if there is a change of circumstances regarding the child involved or the custodian and if the modification requested is found to be in the best interests of the child.
5. Understands that as a result of a custody order based upon the complaint, the parents will retain certain residual rights and responsibilities including, but not limited to, the obligation of support, the right to reasonable visitation, and the right to consent to adoption.

The State of _____, _____, County.

_____, being first duly sworn, states that the statements contained in the foregoing consent and waiver are true to the best of his/her knowledge, information, and belief and that the execution of the foregoing consent and waiver is his/her voluntary act and deed.

Signature

Notary Public

Sworn to and subscribed before me on _____,

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IN THE COURT OF COMMON PLEAS
JUVENILE COURT
BUTLER COUNTY, OHIO

Case No. _____

Consent to Change in Custody

Insert name of child here

In Re: _____

The undersigned (parent's or custodian's name) _____, represents that (s)he:

1. Is qualified to consent to the custody and guardianship of (child's name) _____
_____ in that (s)he is the mother father custodian or guardian of said child.
2. Hereby waives the following rights regarding the petitioner's request for custody:
 - The right to counsel.
 - The right to contest petitioner's request for custody at a trial,
 - The right to be notified of the issuance of any magistrate's decision and/or order or other court order which grants custody to the petitioner,
 - The right to be served with a final appealable order regarding this matter.
3. Consents to the issuance of a court order which would grant legal custody and guardianship to:
_____ petitioner's name(s) and agrees that the issuance of such an order is in the best interests of this child.
4. Understands that once custody is ordered by the court that such custody can only be modified by court order. Such an order can only be issued upon agreement of the parties or if there is a change of circumstances regarding the child involved or the custodian and if the modification requested is found to be in the best interests of the child.
5. Understands that as a result of a custody order based upon the complaint, the parents will retain certain residual rights and responsibilities including, but not limited to, the obligation of support, the right to reasonable visitation, and the right to consent to adoption.

The State of _____, _____, County.

_____, being first duly sworn, states that the statements contained in the foregoing consent and waiver are true to the best of his/her knowledge, information, and belief and that the execution of the foregoing consent and waiver is his/her voluntary act and deed.

Signature

Notary Public

Sworn to and subscribed before me on _____,

This Space is for Court Use Only

IN THE COURT OF COMMON PLEAS
JUVENILE COURT
BUTLER COUNTY, OHIO

Case No. _____

Consent to Change in Custody

Insert name of child here

In Re: _____

The undersigned (parent's or custodian's name) _____, represents that (s)he:

1. Is qualified to consent to the custody and guardianship of (child's name) _____
_____ in that (s)he is the mother father custodian or guardian of said child
2. Hereby waives the following rights regarding the petitioner's request for custody:
 - The right to counsel.
 - The right to contest petitioner's request for custody at a trial,
 - The right to be notified of the issuance of any magistrate's decision and/or order or other court order which grants custody to the petitioner,
 - The right to be served with a final appealable order regarding this matter.
3. Consents to the issuance of a court order which would grant legal custody and guardianship to:
_____ petitioner's name(s) and agrees that the issuance of such an order is in the best interests of this child.
4. Understands that once custody is ordered by the court that such custody can only be modified by court order. Such an order can only be issued upon agreement of the parties or if there is a change of circumstances regarding the child involved or the custodian and if the modification requested is found to be in the best interests of the child.
5. Understands that as a result of a custody order based upon the complaint, the parents will retain certain residual rights and responsibilities including, but not limited to, the obligation of support, the right to reasonable visitation, and the right to consent to adoption.

The State of _____, _____, County.

_____, being first duly sworn, states that the statements contained in the foregoing consent and waiver are true to the best of his/her knowledge, information, and belief and that the execution of the foregoing consent and waiver is his/her voluntary act and deed.

Signature

Notary Public

Sworn to and subscribed before me on _____,

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**APPLICATION FOR CHILD SUPPORT SERVICES
NON-PUBLIC ASSISTANCE APPLICANT**

IMPORTANT: If you are receiving ADC or Medicaid, do not complete this application, because you became eligible for child support services when you became eligible to receive ADC or Medicaid.

I, the undersigned, _____, request Child Support Services from the _____
_____ County Child Support Enforcement Agency. I understand and agree to the following conditions:

- A. I am a resident of the County in which services are requested.
- B. Recipients of child support services shall cooperate to the best of their ability with the CSEA. (See attached rights and responsibility information). 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 Services Only", if the sole need is to find the whereabouts of the absent parent.
 2. **Establishment or Modification 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 (modification), and to establish a medical support order.
 3. **Enforcement of Existing Orders.**
The CSEA can help you collect current and back child support.
 4. **Federal and State Income Tax Refund Offset Submittals for the Collection of Child Support Arrearages.**
The agency can assist in collecting back support (Arrearages) by intercepting a non-payor's federal and state income tax refunds on some cases.
 5. **Withholding of Wages and Unearned Income for the Payment of Court Ordered Support.**
The agency can help you get payroll deductions for current and back child support and can intercept unemployment compensation to collect child support.
 6. **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.
 7. **Collection and Disbursement of Payments.**
The CSEA can collect the child support for you, and send you a check for the amount of the payments received. Back support collected will be paid to you until all of the back support you are owed is paid.
If you received ADC in the past and support was assigned to the state, back support collected will be paid to the state after you receive back support owed to you.
 8. **Interstate Collection of Child Support.**
The agency can assist you in collecting support if the payor is living in another state or in some foreign countries.
- C. The only fee you can be charged for services is a one dollar application fee. Some counties pay this fee for the applicants.
- D. 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.

APPLICANT INFORMATION (INFORMATION ABOUT YOU)

Name	Date of Birth
Social Security Number (SSN)	Current Marital Status (Check One) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Deserted <input type="checkbox"/> Widowed

Type(s) of Service(s) Requested: All services listed _____ Location of absent parent only _____

Other (please explain) _____

I understand that the Child Support Agency - within 20 days of receiving this application will contact me by a written notice to inform me if my case has been accepted for child support services (IV-D Services).

Signature of Applicant

Date

Applicants Name (Last, First, Middle)	Telephone Number (Home)
Address (Street/Route, P.O. Box)	(Work)

INFORMATION ON CHILDREN

	Child 1	Child 2	Child 3	Child 4
a. Name				
b. Sex				
c. SSN				
d. Date of Birth (DOB)				
e. Name(s) of Absent Parent				
f. Has Paternity (Fatherhood) Been Established?				
g. Is There An Order For Support (Yes or No)				

ABSENT PARENT INFORMATION OR PARENT ORDERED TO PAY CHILD SUPPORT

	Absent Parent #1	Absent Parent #2	Absent Parent #3
Name			
Address, City State, Zip Code			
SSN			
Date of Birth			
Name of Employer			
Address of Employer, City, State Zip Code			
Amount of Support Ordered			
Date of Support Order			
Location Where Order Was Issued, City, County, State			
Military Service - Give Date and Branch Entered			
Arrest Record: Give Date and Place of Arrest			
IF the absent parent has been on Public Assistance: Give Date and Place			
Give Name and Address of Current Spouse of Absent Parent			

* Have you ever been on public assistance? Yes No
 When _____ Date _____ Where _____ City and State _____ County _____

(Do Not Write in This Space) FOR AGENCY USE ONLY		
Case Name	Date Requested	Date Mailed or Provided
Case Number	Date Returned or File Date	

IN THE COURT OF COMMON PLEAS
JUVENILE COURT
BUTLER COUNTY, OHIO

Case No. _____

REQUEST FOR SERVICE

In Re: _____
(Insert name of child here)

TO THE CLERK:

The undersigned complainant respectfully requests that you serve the following person(s) with a summons and a copy of the complaint as filed in this case by certified mail with return receipt requested and by ordinary mail.

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____

The undersigned complainant respectfully requests that you serve the following person(s) with a summons and a copy of the complaint as filed in this case by personal service by the sheriff's office.

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____

The undersigned complainant respectfully requests that you serve the following person(s) by publication. Affidavit(s) regarding this request are attached.

Name: _____
Name: _____

Signed: _____
Complainant

Court Date:

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**IN THE COURT OF COMMON PLEAS
JUVENILE COURT
BUTLER COUNTY, OHIO**

Case No. _____

Affidavit for Service by Publication

Insert name of child here

In Re: _____ DOB: _____

The complainant _____, being duly sworn, states that the following information is true and accurate to the best of their knowledge, information, and belief.

1. That the law requires that the following person _____
_____ must be served with notice of this proceeding.

2. That the last known address of the person to be served is _____

3. That, despite diligent efforts, the last known address of the person to be served could not be found. Those diligent efforts include: (Insert here a description of what was done to attempt to locate said person's last address, for example, contacts with parents, other relatives, searches of public records.)

4. That, despite diligent efforts, the current address of the person to be served could not be found. Those diligent efforts include: (Insert here a description of what was done to attempt to locate said person's last address, for example, contacts with parents, other relatives, searches of public records.) _____

5. That the names of the parents of these children are: _____ (mother)
_____ (father).

Complainant's Signature

The State of _____, _____, County.

_____, being first duly sworn, states that the statements contained in the foregoing affidavit are true to the best of his/her knowledge, information, and belief and that the execution of the foregoing consent and waiver is his/her voluntary act and deed.

Notary Public

Sworn to and subscribed before me on _____,

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