

**NOTICE**

- These forms have been provided to you as a public service by the Butler County Juvenile Court.
- Although you may use these forms and represent yourself in this case, you are cautioned that **if you choose to do so, you are proceeding at your own risk.**
- If you have concerns regarding this case, your legal rights, or your responsibilities, you are advised to consult with a qualified attorney.
- This complaint is to be used when you want the court to issue a visitation, parenting time, or companionship order.

**DO NOT USE THESE FORMS IF...**

1. The child has been involved in a divorce or dissolution case in this county.
2. You are married but separated.
3. The child has been involved in another case in this court.
4. The child has been involved in a child abuse, child neglect, or dependency case in this court.
5.
  - a. Numbers 1 through 4 do not apply AND,
  - b. The child has been involved in a custody case, a divorce case, a dissolution case, a no-fault divorce case, a paternity or parentage case, or an abuse, neglect or dependency case in a court in any other county, nation, or state.

If reason # 1 and 2 applies to your case, you need to file for a change in custody in the Domestic Relations Court of Butler County.

If reasons # 3 or #4 apply to your case, you should file a Motion in the existing case. There are forms available for this purpose.

**If reason # 5 applies to your case, your case is complex. It is strongly advised that you not use these forms and that you seek the advice of an attorney.**

## **INSTRUCTIONS FOR FILING FORM**

- You **MUST** complete the forms before you file them. Other than telling you the time and date of the hearing, the clerk staff will **NOT** help you in completing the forms.
- You **WILL NEED** a separate motion for each child.
- A filing fee (for each complaint) for court costs **MUST** accompany each complaint.
- A completed Appendix I (Juvenile Court Face Sheet) must be completed and submitted for each child
- If a question does not apply to you type or print NOT APPLICABLE or N/A on the line.
- Incomplete, soiled, damaged, or illegible forms may be rejected. Forms that are incomplete may be rejected.
- Forms **MUST** be neatly typed or printed in black ink. Forms filled out in colored ink or pencil may be rejected because they can not be adequately scanned.
- Some forms **REQUIRE** a Notary. **DO NOT** sign the forms until you have taken them to a Notary Public to be acknowledged prior to filing. The clerk **WILL NOT** notarize these forms.
- You must attach a legal document which identifies the parent(s) of the child. Acceptable documents include birth certificate, court orders, or administrative findings.
- Legal notice of this action must be served on the parent(s) and custodian of this child.
- You must bring the original packet to be filed with the Clerk and copies of all documents for each party on the case: one copy for you to retain for your records and a copy for each additional party on the case.

## **ATTENDANCE AT THE HEARING**

You must attend the initial hearing and all additional hearings regarding your request. Do not bring the child to any hearing unless ordered to do so by the court.

## **CHILD SUPPORT**

There are no forms enclosed in this packet for child support. If you are awarded custody in your case, you will have a right to collect child support from the non-custodial parents.

If you wish to have the court consider any issues having to do with child support, you must make a specific request. The easiest way to do this is to request the service of the Child Support Enforcement Agency (CSEA) on the eighth floor of the Butler County Government Services Center at 315 High Street, Hamilton, Ohio, after you are granted custody. CSEA can provide you, as the custodian, with assistance in establishing and enforcing child support.

APPENDIX I - Juvenile Court Face Sheet

INSTRUCTIONS FOR COMPLETING FORMS

CHILD INFORMATION

**Name:** Print child's last name, first name and middle initial

**AKA:** Note if child has any other names

**SS:** Print child's social security number    **DOB:** Print child's date of birth    **Gender:** Print child's gender

**Race:** Print child's race

**Birth City/State:** Print the city and state child was born

**Current Address:** Print street number and name where child resides    **City/State:** print city and state where child resides

**School and Grade:** Print current school and grade    **School District:** print name of school district

BIOLOGICAL PARENT

**Mother's Name:** Print mother's last name, first name and middle initial

**AKA:** Note if mother has any other name such as maiden name or common nickname.

**Address:** Print mother's street number, street name, city, state and zip code

**Phone Number:** Print mother's phone number where she can be contacted    **SSN:** Print mother's social security number

**DOB:** Print mother's date of birth    **Gender:** Female    **Race:** Print mother's race

**Custody type:** Print the type of custody the mother currently hold (legal, shared parenting, shared custody)

**Mother's marital status:** Print current marital status    **Interpreter needed:** Checkmark if an interpreter is required

**Language:** If the checkmark for interpreter was marked, print which language in which interpreter needs to be fluent.

**Father's Name:** Print father's last name, first name and middle initial

**AKA:** Note if father has any other name such as common nickname

**Address:** Print father's street number, street name, city, state and zip code

**Phone Number:** Print father's phone number where he can be contacted    **SSN:** Print father's social security number

**DOB:** Print father's date of birth    **Gender:** Male    **Race:** Print father's race

**Custody type:** Print the type of custody the father currently hold (legal, shared parenting, shared custody)

**Father's marital status:** Print current marital status    **Interpreter needed:** Checkmark if an interpreter is required

**Language:** If the checkmark for interpreter was marked, print which language in which interpreter needs to be fluent.

**NOTE:**

Complete this area of the document if someone **OTHER** than the biological parents have custody of the child.

**Custodian Name:** Print last name, first name and middle initial

**AKA:** Note if custodian has any other name such as maiden name or common nickname

**Address:** Print custodian's street number, street name, city, state and zip code

**Phone Number:** Print custodian's phone number where he/she can be contacted **SSN:** Print custodian's social security number

**DOB:** Print custodian's date of birth **Gender:** Print gender **Race:** Print race **Custody type:** Print the type of custody the custodian currently holds if any (temporary or legal)

**Custodian's marital status:** Print current marital status **Interpreter needed:** Checkmark if an interpreter is required

**Language:** If the checkmark for interpreter was marked, please print which language the interpreter needs to be fluent. **Interpreter needed for whom:** If the interpreter area is completed, print the first and last name of the person who is in need of an interpreter.

**Person Requesting Custody**

**Name:** Print your last name, first name and middle initial

**AKA:** Note if you go by any other name

**Address:** Print your street number, street name, city, state and zip code

**Phone Number:** Print your phone number where she can be contacted **SSN:** Print your social security number

**DOB:** Print your date of birth **Gender:** Print your gender **Race:** Print your race  
**Custody type:** Print the type of custody the you hold, if any (legal, shared parenting, shared custody)

**Marital status:** Print your current marital status **Interpreter needed:** Checkmark if an interpreter is required

**Language:** If the checkmark for interpreter was mark, please print which language

**Legal Relationship to child:** Print the relationship to child

**Note: If you are not legally related (related by blood or adoption) to the child you must obtain a home study. You may obtain a home study from any licensed psychologist, psychiatrist, licensed independent social worker.**

## COMPLAINT FOR VISITATION

### INSTRUCTIONS FOR COMPLETING FORMS

**Case Number:** Deputy Clerk will complete this.

**Case Caption:** (name of the case): This is the full legal name of the Child that you are requesting you be granted visitation rights with. The clerk can give you assistance if you cannot find the name of the case.

**DOB:** Print the child's date of birth.

**Now Comes:** Print Your Name on the form (complainant)

**Child now Resides:** Print the street number and name where the child currently lives and the child's current school district.

**Print Mother's Name** and maiden name and/or aliases (if applicable), Address, Zip Code, Telephone Number, Date of Birth, and School District. If you are the mother and you are filing the motion, you may print "Same as the Movant" in this space on the form.

**Print Father's Name** and aliases (if applicable), Address, Zip Code, Telephone Number, Date of Birth, and School District. If you are the father and you are filing the motion, you may print "Same as the Movant" in this space on the form.

**Print Custodian's Name**, Address, Zip Code, Telephone Number, Date of Birth, and School District. If the custodian is the mother, you may print "Mother is Custodian" in this space on the form. If the custodian is the father, you may print "Father is Custodian" in this space on the form.

**Complainant's Name:** Print Complainant's Name, maiden name and alias.

**Complainant's relationship:** Print your relationship to the child.  
Print Complainant's Name, Address, Zip Code, Telephone Number, Date of Birth, and School District. If the complainant is the mother, you may print "Mother is Complainant" in this space on the form. If the complainant is the father, you may print "Father is Complainant" in this space on the form.

**Reasons:** Print explanation of reason for filing complaint.

On the line that asks for your **reasons that complainant is filing this complaint**, you should print a short explanation of why you are asking for visitation with the child. NOTE: If you allege that you are requesting visitation due to concerns that legally could be defined as **child neglect or abuse**, this court may **order** that the Butler County Children Services Agency conduct an investigation regarding the child and your complaint prior to the issuance of any visitation order. **If you believe that the child in question is in danger, you should not use this form and you should immediately contact the Butler County Children Services Agency at 513-887-4026 (weekdays), 513-868-0888 (weekends), or at 1-800-325-2685 (toll free).**

**Visitation type:** Print details of the type of visitation requested.

**Complainant:** Sign your first and last name in front of a Notary Public **ONLY**.

**Sworn to me and subscribed:** This area is to be completed by a Notary Public.

**Notice of Hearing:** This will be completed by a deputy clerk.

## CHILD CUSTODY AFFIDAVIT

### INSTRUCTIONS FOR COMPLETING FORM

**Case No.:** Deputy Clerk will complete this.

**In re:** Print first and last name of child

**The undersigned:** Print Name of Person asking for custody of child

1. **Address:** Print street number and name where child is currently living  
Print City, State, and zip code
2. **Name:** Print and complete all information as to where the child has resided for the past five (5) years.
3. **Name:** Print and complete all information on the persons where the child is currently living
4. Read carefully and answer truthfully to the best of your knowledge as this document is a sworn document. If appropriate, list the other State and County names, date of court contact and case number
5. Read carefully and answer truthfully to the best of your knowledge as this document is a sworn document. If appropriate, list the other State and County names, date of court contact and case number
6. Read carefully and answer truthfully to the best of your knowledge as this document is a sworn document. If appropriate, list the other State and County names, date of court contact and case number
7. **Print reasons for information to be sealed.** The Court **MAY or MAY NOT** grant the request

**Affiant/Petitioner:** Sign your name **in front** of a Notary Public.

**Sworn to and subscribed before me:** This area is to be completed by a Notary Public.

Note: a) If the affidavit is not notarized, it **WILL NOT** be accepted. b) If the affidavit has been notarized more than 30 days before submitting to the Clerk's Office, the packet **WILL NOT** be accepted. The Clerk's Office **DOES NOT** notarize these forms.

#### PERJURY CAUTION!

Many documents in this packet must be notarized. That means that you must state that they are true under oath. If you make a material false statement on a notarized form, this court has a duty to refer the matter to the criminal division of the office of the prosecuting attorney. If you make a false statement under oath you may be prosecuted for perjury. Perjury, under Ohio Law, is a felony.

**APPENDIX H – APPLICATION FOR CHILD SUPPORT SERVICES (Non-Public Assistance Application)**

**INSTRUCTIONS FOR COMPLETING FORM**

**I, the undersigned:** Print your full name as the party requesting services and print the name of the County in which you are filing.

**Letters A thru D:** Read each line carefully.

**Applicant Information:** Name – Print your name. Date of Birth – Print your date of birth.  
SSN – Print your number. Current Marital Status – Check the applicable box.

**Type(s) of Service(s) Requested:** Check mark if you are requesting All services listed in Letter B, assistance in locating the absent parent or complete Other by writing out what you are asking for.

**Signature of Applicant:** Sign your name. **Date:** Print the date.

**Applicant's Name:** Print Last, First, Middle name. **Telephone Number:** Print your telephone number.

**Address:** Print your street address. **(Work):** Print your work address.

**City, State, Zip Code:** Print the information.

**Information on Children:** There is a separate column for 4 children. If you have more than 4 children, please print additional information on a separate sheet of paper. Carefully answer letters a thru g for each individual child.

**Absent Parent Information or Parent Ordered to Pay Child Support:**

- There are 3 columns given for the absent parents.
- If all of your children have the same biological parent, you will only need to complete Absent Parent # 1.
- If the children have different biological Absent Parents, you will need to complete columns 2 and/or 3.
- Read and answer each question carefully.
- If you do not know the answer to the question, print Unknown.

**Have you every been on public assistance?:** Check the applicable box.

- When – Print the date you were on public assistance.
- Where – Print where you were on public assistance.
- County- Print County of the City and State.

**Do Not Write in This Space:** To be completed by the Agency.

## REQUEST FOR SERVICE

### NOTICE

- If a person who must be served is deceased you should write "deceased" on the appropriate line on the COMPLAINT form. (For example, if the father of the child is deceased, write "deceased" on the line next to the words "Father's Name:.")
- If you do not know where one or both of the parents live and you cannot find out their address from their family, friends or from other public information services (phone books, city directories etc.) you must serve them with notice by publication. In order to do this, you should ask complete the AFFIDAVIT FOR SERVICE BY PUBLICATION.
- If you do not know the identity of one of the parents, you must serve that unknown parent and you must insert that information in the AFFIDAVIT FOR SERVICE BY PUBLICATION. (For example, if you do not know the identity of the father, on the affidavit after the words "following person" insert the words "unknown father.") You will need to complete that form, *including a description of what you have done to find the person*, have it notarized, and return it to the clerk's office with the rest of your papers when you file your case.

### INSTRUCTIONS FOR COMPLETING FORM

**Case No.:** Deputy Clerk will complete this.

**In re:** Print first and last name of child

**To the Clerk:** This area is asking the clerk to serve a party with a copy of the complaint/motion.

- If the party lives outside of Butler County, service **MUST BE ISSUED** by certified and ordinary mail. The Butler County Sheriff Department does not complete service outside of Butler County.
- If the party lives in Butler County, service can be issued by certified and ordinary mail or by personal service through the Butler County Sheriff Department.
- You **MUST** note the type of service by completing each person's name and complete address (including zip code) in the proper area
- All parties must be served

The Under signed - **Certified Mail and ordinary mail (mandatory if the person lives outside of Butler County)**

**Name:** Print first and last name of person to be served

**Address:** Print entire address including street number and name city, state, zip

The Undersigned – **personal service by the Butler County Sheriff**

**Name:** Print first and last name of each person to be served

**Address:** Print entire address including street number and name city, state, zip

The Undersigned – **service by publication**

**Name:** Print first and last name of each person to be served by publication (announcement in the newspaper)

Court date – Clerk will complete

**Signed:** Sign your first and last name

## AFFIDAVIT FOR PUBLICATION

### NOTICE

- If you do not know the identity of one of the parents, you must serve that unknown parent and you must insert that information in the AFFIDAVIT FOR SERVICE BY PUBLICATION. (For example, if you do not know the identity of the father, on the affidavit after the words "following person" insert the words "unknown father.") You will need to complete that form, *including a description of what you have done to find the person*, have it notarized, and return it to the clerk's office with the rest of your papers when you file your case.

### INSTRUCTIONS FOR COMPLETING FORM

**Case No.:** Deputy Clerk will complete this.

**In re:** Print First and last name of child    **DOB:** Print date of birth of child

**The Complainant:** Print your first and last name

1. **Print First and last name** of parent you are unable to locate
2. **Print the last known address** (street number, street, city, state, and zip code)
3. **Print an explanation** of the efforts you have made to try to contact the person you are requesting publication
4. Complete this same as #3 if publication is required for a second person
5. **Print mother and father's** first and last name

**Complainant's Signature:** Sign your name **in front** of a Notary Public

**The State of:** This area is to be completed by a Notary Public.

**Note:** a) If the affidavit is not notarized, it **WILL NOT** be accepted. b) If the affidavit has been notarized more than 30 days before submitting to the Clerk's Office, the packet **WILL NOT** be accepted. The Clerk's Office **DOES NOT** notarize these forms.

### PERJURY CAUTION!

Many documents in this packet must be notarized. That means that you must state that they are true under oath. If you make a material false statement on a notarized form, this court has a duty to refer the matter to the criminal division of the office of the prosecuting attorney. If you make a false statement under oath you may be prosecuted for perjury. Perjury, under Ohio Law, is a felony.