APPENDIX I JUVENILE COURT Juvenile Court Face Sheet

CHILD INFORMATION:

Name					
Last		First		Middle	
Child also know	vn as				
	Last	First		iddle	
SSN:		_ DOB:	Gender:	Race:	
Birth City/State	e:				
Before Remova	al of Child (i	f applicable):			
Current Address			City/State		
School and Grade:			School District:		
BIOLOGICAL Mother's Nam		INFORMATIO	<u>ON</u> :		
,	Last	First		Middle	
Also known as				1/11/0/10	
	Last	First		Middle	
Address:					
Numb	er/Street		City/State	Zip	
Phone Number:			_ SSN:		
DOB:	Gen	der:	Race:	Custody Type:	
				parenting, shared custody)	
Mother's Marit	al Status:		Interpreter Needed: □ yes □ no		
(married, divorced, never married, etc)				e:	
Father's Name	è				
	Last		First	Middle	
Also known as					
	Last First		Middle		
Address:					
Number/Street			City/State	Zip	
Phone Number:			SSN:		
DOB:	Gen	der:	Race:	Custody Type:	
			(legal, shared parenting, shared custody)		
Father's Marital Status:			_ Interpreter Needed: □ yes □ no		
(married, divor	ced, never n	narried, etc)	Language:		

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

	Last	First	Middle
Also known as			
Last Firs		N	Iiddle
Address:			
Number/Stre		City/State	Zip
Phone Number:		_ SSN:	
DOR:	Gandar	Race: Custo	dy Typa:
БОБ	Gender		ting, shared custody)
Custodian's Marital S	Status:		ded: \square yes \square no
(married, divorced, n		mterpreter rec	ded. yes no
(married, dry orded, m	ever married, etc)		
Language:			
PERSON FILING O	COMPLAINT OR M	OTION:	
Name			
	Last	First	Middle
Alaa Irmarym aa			Wilduic
Also known as			windate
Last	First		Middle
Last	First	N	
Last	First	N	
Last Address: Number/Stre	First	N	Aiddle Zip
Last Address: Number/Stre Phone Number:	First	City/StateSSN:	Aiddle Zip
Last Address: Number/Stre Phone Number:	First	City/StateSSN:	Aiddle Zip
Last Address: Number/Stre Phone Number: DOB:	First eet Gender:	City/State SSN:	Aiddle Zip
Last Address: Number/Stre Phone Number: DOB: Marital Status:	First eet Gender: Inte	City/StateSSN:	Aiddle Zip
Last Address: Number/Stre Phone Number: DOB:	First eet Gender: Inte	City/State SSN:	Aiddle Zip
Last Address: Number/Stre Phone Number: DOB: Marital Status: (married, divorced, n	Gender: Inte	City/State SSN: Race: rpreter Needed: □ yes □	Aiddle Zip
Last Address: Number/Stre Phone Number: DOB: Marital Status:	Gender: Inte	City/State SSN:	Aiddle Zip

IN THE COURT OF COMMON PLEAS JUVENILE DIVISION BUTLER COUNTY, OHIO	S Case No.
Plaintiff vs.	Complaint for Court Review of Administrative Findings/Orders
	-
Child's Name DOB:	- ********
issues which have been addressed b Said issues were considered in an active were issued. Plaintiff requests this cand/or findings which are attached. The plaintiff avers that bot	, hereby requests that the Juvenile Court conduct a hearing regarding y the administrative office of the Child Support Enforcement Agency (CSEA). In diministrative hearing at the CSEA wherein administrative orders and/or findings court to inquire into the propriety, legality, and fairness of the following orders are to this complaint. The obligee and the obligor in the child support order for this child are support order be terminated and/or that all child support arrears be forgiven.
	Plaintiff NOTICE OF HEARING
	at a hearing regarding the above complaint will be held on the at the Juvenile Court at 280 North Fair Avenue, Hamilton, Ohio.
TO THE CLERK: Please serve the	following persons with a copy of this complaint by certified and ordinary mail.
Gregory Sauer Esq. Attorney at Law c/o CSEA 315 High Street Govt. Services Center 7 th Floor Hamilton, Ohio 45011 Plaintiff's Name:	
Plaintiff's Address:	
Defendant's Name: Defendant's Address:	