

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: \_\_\_\_\_ Last First Middle

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: \_\_\_\_\_ Last First Middle

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 need for whom: \_\_\_\_\_

Legal Relationship to child: \_\_\_\_\_

**COMPLAINT FOR VISITATION  
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.)

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 an order establishing visitation between this child and the complainant should be issued as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
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

## APPENDIX H

### 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)
City, State, Zip Code	

**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, state 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 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.) \_\_\_\_\_  
\_\_\_\_\_
  
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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