

Instruction Sheet for Pro Se Filing

PLEASE NOTE: Deputy Clerks are not lawyers and are not PERMITTED to answer legal questions or give legal advice. If you have any questions regarding these forms, you should consult with an attorney.

1. There are three (3) documents in this packet: a complaint/motion, a custody affidavit, and an application for child support services. **ALL** three documents must be completed to the best of your ability, except for the case number, and filed with the Juvenile Court Clerks' Office. A case number will be assigned after filing. Failure to complete and file all three documents will result in your filing being returned to you with no action being taken.

2. **Type or print** your responses in **black ink**.

3. The **non-refundable** filing fee of \$135.00 per child for filing **must be paid** when the papers are filed with the Clerks' Office.

4. If the parents were not married when the child was born, paternity must be established. If paternity has been established, attach a copy of the order or acknowledgment. If paternity has not been established, indicate that in the space provided on the complaint/motion.

5. The complaint/motion shall be set for hearing by the Court. You shall receive a hearing notice in the mail. If your hearing notice is returned undeliverable as addressed and you have not notified the Court of your new address, in writing, the complaint/motion shall be dismissed without further action.

6. If the hearing notice for another party is returned as undeliverable as addressed, you will be contacted for a new address. It is your responsibility to supply a good address in writing to the Court as soon as possible. If you do not do so, and the complaint/motion is not served at the time of the hearing and the other party does not appear at the hearing, the motion/complaint will be dismissed without further action. All complaints/motions shall be served on the parties by certified mail, unless service by sheriff or process server is requested in writing. If you request personal service by the sheriff, additional costs will be assessed. If you want personal service by a process server, it is your responsibility to make those arrangements.

7. If you are unable to supply the address because the other party's location is unknown to you, and cannot be found out with reasonable diligence, service by publication is provided for in Juvenile Rule 16 (A) and Local Court Rule 3. Because of the technical requirements and cost involved, the Court suggests that you consult with an attorney before pursuing this action.

8. For more general court information and "Frequently Asked Questions" that might be helpful for your case filing needs, you may wish to visit the court's website at **www.co.miami.oh.us**.

IN THE COMMON PLEAS COURT OF MIAMI COUNTY, OHIO

JUVENILE DIVISION

CASE # _____

IN THE MATTER OF:

_____ (child's address)

d.o.b. _____

CHECK WHICH APPLIES:

Complaint/Motion for:

- _____ Non Parent Custody (O.R.C. 2151.23) [Sup. Ct. Rpt. G]
- _____ Allocation of Parental Rights (O.R.C. 3109.04) [Sup. Ct. Rpt. G]
- _____ Visitation (O.R.C. 3109.051) [Sup. Ct. Rpt. G]
- _____ Contempt (O.R.C. 2705.02) [Sup. Ct. Rpt React.]
- _____ Other _____

My name and address are:

My relationship to the child is: _____

Paternity:

_____ has been established because the parents were married at the time of birth or
 _____ has been determined (a copy of the order or acknowledgment is attached).
 _____ has not been established

My concern/complaint is: _____

I am asking the Court to: _____

The following people need to be sent a copy of this complaint/motion and notice of hearing:

_____ Name	_____ Name	_____ Name
_____ Street Address	_____ Street Address	_____ Street Address
_____ City, State, Zip	_____ City, State, Zip	_____ City, State, Zip
_____ Relationship to child	_____ Relationship to child	_____ Relationship to child

Signature

Daytime Phone #

Sworn to before me on this _____ day of _____, _____.

Deputy Clerk

IN THE COURT OF COMMON PLEAS MIAMI COUNTY, OHIO

JUVENILE DIVISION

IN THE MATTER OF: : CASE NO. _____

_____ :

_____ :

_____ : JUDGE SCOTT ALTENBURGER

DECLARATION UNDER UNIFORM CHILD CUSTODY
JURISDICTION AND ENFORCEMENT ACT (UCCJEA)
CHILD CUSTODY AFFIDAVIT (ORC 3127.23)

I, (full legal name) _____ being sworn according to law, certify that these proceedings involve the custody of a child, or children and the following statements are true:

- 1. A Minor Child/ren is subject to this proceeding as follows:** (Insert the information requested below. The address(es) must be given for the last FIVE years.)

Child's name: _____, d/o/b: _____

This child/ren currently lives with _____ at the following address _____, and has resided there since _____.

The child/ren previously lived with _____ from _____ until _____. The present address of this adult is: _____.

The child/ren previously lived with _____ from _____ until _____. The present address of this adult is: _____.

The child/ren previously lived with _____ from _____ until _____. The present address of this adult is: _____.

*For additional children and/or addresses, please use additional sheet(s) providing the above information.

2. Participation in custody proceeding(s): (check only one)

_____ I **HAVE NOT** participated as a party, witness, or in any capacity in any other litigation, in this or any other state, concerning the custody of or visitation (parenting time) with any child subject to this proceeding.

_____ I **HAVE** participated as a party, witness, or in any capacity in any other litigation, in this or any other state, concerning the custody of or visitation (parenting time) with any child subject to this proceeding.

Explain: (only if you marked "I HAVE")

- a. Name of each child _____
- b. Type of proceeding _____
- c. Court and state _____
- d. Date of court order or judgment (if any): _____

3. Information about custody proceeding(s): (check only one)

_____ I **HAVE NO INFORMATION** of any proceedings that could affect the current proceeding, including any proceedings relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning any child subject to this proceeding .

_____ I **HAVE THE FOLLOWING INFORMATION** concerning proceedings that could affect the current proceeding, including any proceedings relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning any child subject to this proceeding, other than set out in item 3.

Explain: (only if you marked "I HAVE")

- a. Name of each child _____
- b. Type of proceeding _____
- c. Court and state _____
- d. Date of court order or judgment (if any): _____

4. Persons not a party to this proceeding: (check only one)

_____ I **DO NOT KNOW OF ANY PERSON** not a party to this proceeding who has physical custody or claims to have custody or visitation rights with respect to any child subject to this proceeding.

_____ I **KNOW THAT THE FOLLOWING NAMED PERSON(S)** not a party to this proceeding has/have physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this proceeding:

a. Name and address of person _____

() has physical custody () claims custody rights () claims visitation rights

Name of each child _____

b. Name and address of person _____

() has physical custody () claims custody rights () claims visitation rights

Name of each child _____

5. Knowledge of prior child support proceedings: (check only one)

_____ The child described in this affidavit is **NOT** subject to existing child support order(s) in this or any state or territory.

_____ The child described in this affidavit **IS** subject to the following existing child support order(s):

a. Name of each child _____

b. Type of proceeding _____

c. Court and address _____

d. Date of court order or judgment (if any): _____

e. Amount of child support paid and by whom: _____

f. SETS number: _____

6. I acknowledge that I have a continuing duty to advise this Court of any custody, visitation, child support, or guardianship proceeding (including dissolution of marriage, child neglect, or dependency) concerning the child (ren) in this state or any other state, that could affect the current proceeding.

OATH OF AFFIANT

I hereby swear or affirm that the answers above are true, complete and accurate. I understand that falsification of this document may result in a contempt of court finding against me which could result in a jail sentence and fine, and that falsification of this document may also subject me to criminal penalties for perjury. (R.C. 2921.11).

Dated: _____ (Signature of Party)

Printed name: _____ Address: _____

City, State, Zip: _____ Phone Number: _____

Fax Number: _____

Sworn to and subscribed before me on this _____ day of _____, 20_____.

Notary Public

*If a party alleges in an affidavit or a pleading under oath that the health, safety, or liberty of a party or child would be jeopardized by the disclosure of identifying information, the information shall be sealed and may not be disclosed to the other party or the public unless the court orders the disclosure to be made after a hearing in which the court take into consideration the health, safety, and liberty of the party or child and determines that the disclosure is in the best interests of justice.

(Case No.)

(Name of Applicant)

(Address of Applicant)

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

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

I, _____, request child support services from the _____ 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. The only fee that can be charged for services is a one dollar application fee. Some counties pay this fee for the applicants.
- C. Recipients of child support services shall cooperate to the best of their ability with the CSEA. (See attached rights and responsibility information).
- 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.

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.
- 4. **Federal and State Income Tax Refund Offset Submittals for the Collection of Child Support Arrearages.**
The agency can collect past-due support (arrearages) by intercepting a payor's federal and state income tax refunds in 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 past-due 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. Past-due support collected will be paid to you until all of the past-due support you are owed is paid.
- 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.

APPLICANT INFORMATION

Name: _____	Date of Birth: _____
Home Address: _____ _____	Mailing Address: _____ _____
Home Phone #: _____	
Social Security #: _____	Sex: _____
Race: _____	<input type="checkbox"/> Single <input type="checkbox"/> Married
Relationship to Children: _____	<input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Military Service (Branch, Dates): _____ _____	Ever been on Public Assistance? (When and Where) _____ _____

EMPLOYER INFORMATION

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

	CHILD 1	CHILD 2	CHILD 3
Name:			
Sex:			
Race:			
Social Security #:			
Date of Birth:			
Home Address:			

Location of Birth: (Country, State, City)			
Has Paternity (Fatherhood) been Established?			
Name(s) of Absent Parent(s):			
Is there an Order for Support?			
Is the Child covered by Medical Insurance?			

ABSENT PARENT INFORMATION

	PARENT 1	PARENT 2	PARENT 3
Name (and alias):			
Home Address:			
Mailing Address:			
Social Security #:			
Date of Birth:			
Location of Birth (Country, State, City):			
Race:			
Sex:			
Height / Weight:			
Hair / Eye Color:			
Identifying Marks (Tattoos, scars, etc.):			
Names of Children:			
Name and Address of Employer:			

Employer Phone #:			
Medical Insurance Provided?			
Support Order #:			
Date of Support Order:			
Amount of Support:	\$	\$	\$
Order Frequency:	Per	Per	Per
Location where Order was issued:			
Military Service (Branch, Dates):			
Ever Incarcerated? (Location, Dates):			
Arrest Record (Location, Dates):			
Name, Address Current Spouse:			
Father's Name:			
Mother's Name (Maiden):			
Ever been on Public Assistance? (Location, Dates)			

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: _____