



OHIO
WASHINGTON
COUNTY

CHILD SUPPORT ENFORCEMENT AGENCY
205 Putnam Street, 4th Floor; Marietta, Ohio 45750

Kimberly A. Hinkle, Director
Phone: 740-373-9324 Fax: 740-373-9447

Dear Parent or Caretaker:

The attached documents are made available through the Washington County CSEA as a courtesy to its clients. The documents are neither intended to be considered as legal advice, nor are they intended to form any type of attorney/client relationship between representatives of Washington County CSEA and members of the public.

To address specific legal questions please obtain private counsel or attend the Free Legal Clinic offered every Third Wednesday of the month from 6 to 8 p.m., St. Luke's Episcopal Church, 320 Second, St., Marietta; offered by Washington County Bar Association and Southeastern Ohio Legal Services; volunteer attorneys offering free legal advice for Washington County persons unable to afford legal representation (less than 187% of the poverty guideline); walk-ins welcome; contact Southeastern Ohio Legal Services at 740-374-2629 or 1-800-837-2630.

Sincerely,

Kimberly A. Hinkle
Director

MISSION STATEMENT:
CHILDREN ARE FIRST ON OUR AGENDA. TO ENSURE A BRIGHTER FUTURE FOR OUR CHILDREN,
WE ENCOURAGE BOTH PARENTS TO BE ACCOUNTABLE SO CHILDREN RECEIVE THE SUPPORT
THEY DESERVE. THIS IS ACCOMPLISHED THROUGH AGENCY TEAMWORK, OUTSIDE
PARTNERSHIPS AND UNDER THE LAWS OF THE STATE OF OHIO



And moves this Court to establish support pursuant to Ohio Revised Code Section 2151.231.
(Please attach a copy of the support order that you are appealing.)

Respectfully submitted,

Signature of Petitioner

Address

City, State Zip Code

- Plaintiff/Petitioner at the address shown above.
- Certified Mail, Return Receipt Requested
 - Issuance to Sheriff of _____ County, Ohio for Personal or Residence service
 - Other (specify) _____

- _____ County Child Support Enforcement Agency (provide address below):
-
- Certified Mail, Return Receipt Requested
 - Issuance to Sheriff of _____ County, Ohio for Personal or Residence service
 - Other (specify) _____

- Other (address): _____
- Certified Mail, Return Receipt Requested
 - Issuance to Sheriff of _____ County, Ohio for Personal or Residence service
 - Other (specify) _____

SPECIAL INSTRUCTIONS TO SHERIFF:

Your Signature

INSTRUCTIONS FOR POVERTY AFFIDAVIT

1. Fill in the name of the Plaintiff
2. Fill in the name of the Defendant
3. Fill in the Case Number of the action
4. Fill in your name
5. Sign your name in front of a notary if the affidavit is correct

MAKE 2 COPIES AND TAKE WITH THE MOTION TO THE COURT

PLEASE NOTE: FILING WITH A POVERTY AFFIDAVIT DOES NOT MEAN YOU DO NOT HAVE TO PAY COURT COSTS. IT ONLY MEANS THAT YOU DO NOT HAVE TO PAY IT IN ADVANCE. THE COURT WILL DETERMINE WHO IS TO PAY COURT COSTS AT THE TIME OF THE HEARING.

IN THE COURT OF COMMON PLEAS

Juvenile

Division

WASHINGTON

COUNTY, OHIO

IN THE MATTER OF:

A Minor

Name

Case No. _____

Street Address

Judge _____

City, State and Zip Code

Plaintiff/Petitioner

Magistrate _____

vs.

Name

AFFIDAVIT OF INABILITY TO PREPAY
COURT COSTS

Street Address

City, State and Zip Code

Defendant/Petitioner

I, _____, being first duly cautioned and sworn, depose and state:

1. That I am a party in interest in the above-captioned action; that I have a meritorious cause of action but am unable to give security or a cash deposit to secure costs.
2. That I am unable to afford the hiring of an attorney to represent me in this matter.
3. That I have no liquid assets.

Name

SWORN TO BEFORE ME, and subscribed in my presence this

_____ day of _____, _____.

Notary Public