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

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

support is key

IN THE COURT OF COMMON PLEAS
Domestic Relations Division
WASHINGTON COUNTY, OHIO

IN THE MATTER OF:

_____
A Minor

_____
Name

_____
Street Address

_____
City, State and Zip Code

Plaintiff/Petitioner

vs.

_____
Name

_____
Street Address

_____
City, State and Zip Code

Defendant/Petitioner

Case No. _____

Judge _____

Magistrate _____

Instructions: This form is used to request a change in the child support or child support-related matters. A Request for Service (Uniform Domestic Relations Form 28) and an Affidavit of Income and Expenses (Uniform Domestic Relations Form–Affidavit 1) must be filed with this Motion.

MOTION FOR CHANGE OF CHILD SUPPORT, MEDICAL SUPPORT, TAX EXEMPTION, OR OTHER CHILD-RELATED EXPENSES AND MEMORANDUM IN SUPPORT

I, _____ (name), request this Court change my obligation to provide support or my right to receive support for the minor child(ren) as follows (check all that apply):

1. ☐ The amount of child support to be paid each month. The change I want the Court to order is:

_____

_____

2. ☐ The person responsible for providing health insurance for the child(ren). The change I want the Court to order is: _____

_____

_____

3. ☐ The amount of non-insured health care expenses of the minor child(ren) that I have to pay. The change I want the Court to order is: _____

_____

_____

4. ☐ The person who can claim the child(ren) as tax dependents. The change I want the Court to order is: _____

_____

_____

5. ☐ Other child-related expenses. The change I want the Court to order is: _____

_____

_____

6. The circumstances have changed since the Court issued the existing order. The change in circumstances and any other reason for the requested change are as follows: _____

_____

_____

_____

7. I believe that the requested changes are in the child(ren)'s best interests.

_____
Your Signature

_____
Telephone number at which the Court may reach you or at which messages may be left for you

IN THE COURT OF COMMON PLEAS
Domestic Relations Division
WASHINGTON COUNTY, OHIO

IN THE MATTER OF:

_____
A Minor

_____
Name

_____
Street Address

_____
City, State and Zip Code

Plaintiff/Petitioner

vs./and

_____
Name

_____
Street Address

_____
City, State and Zip Code

Defendant/Petitioner

Case No. _____

Judge _____

Magistrate _____

Instructions: This form is used when you want to request documents to be served on the other party. You must indicate the requested method of service by marking the appropriate box.

REQUEST FOR SERVICE

TO THE CLERK OF COURT:

Please serve the following documents on the following parties as I have indicated below:

_____

_____

☐ Defendant/Petitioner at the address shown above.

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

☐ 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

COURT OF COMMON PLEAS
WASHINGTON COUNTY, OHIO

_____ Plaintiff/Petitioner	Case No. _____
v./and	Judge _____
	Magistrate _____
_____ Defendant/Petitioner	

Instructions: Check local court rules to determine when this form must be filed.
This affidavit is used to make complete disclosure of income, expenses and money owed. It is used to determine child and spousal support amounts. Do not leave any category blank. Write "none" where appropriate. If you do not know exact figures for any item, give your best estimate, and put "EST." **If you need more space, add additional pages.**

AFFIDAVIT OF INCOME AND EXPENSES

Affidavit of _____
(Print Your Name)

Date of marriage _____ Date of separation _____

SECTION I - INCOME

	Husband	Wife
Employed	☐ Yes ☐ No	☐ Yes ☐ No
Employer	_____	_____
Payroll address	_____	_____
Payroll city, state, zip	_____	_____
Scheduled paychecks per year	☐ 12 ☐ 24 ☐ 26 ☐ 52	☐ 12 ☐ 24 ☐ 26 ☐ 52

A. YEARLY INCOME, OVERTIME, COMMISSIONS AND BONUSES FOR PAST THREE YEARS

	Husband			Wife
Base yearly income	$ _____	3 years ago	20 ____	$ _____
	$ _____	2 years ago	20 ____	$ _____
	$ _____	Last year	20 ____	$ _____
Yearly overtime, commissions and/or bonuses	$ _____	3 years ago	20 ____	$ _____
	$ _____	2 years ago	20 ____	$ _____
	$ _____	Last year	20 ____	$ _____

B. COMPUTATION OF CURRENT INCOME

	Husband	Wife
Base yearly income	$ _____	$ _____
Average yearly overtime, commissions and/or bonuses over last 3 years (from part A)	$ _____	$ _____
Unemployment compensation	$ _____	$ _____
Disability benefits		
☐ Workers' Compensation		
☐ Social Security		
☐ Other: _____	$ _____	$ _____
Retirement benefits		
☐ Social Security		
☐ Other: _____	$ _____	$ _____
Spousal support received	$ _____	$ _____
Interest and dividend income (source)		
_____		
_____	$ _____	$ _____
Other income (type and source)		
_____		
_____	$ _____	$ _____
TOTAL YEARLY INCOME	$ _____	$ _____

Supplemental Security Income (SSI) or public assistance	$ _____	$ _____
Court-ordered child support that you receive for minor and/or dependent child(ren) not of the marriage or relationship	$ _____	$ _____

SECTION II – CHILDREN AND HOUSEHOLD RESIDENTS

Minor and/or dependent child(ren) who are adopted or born of this marriage or relationship:

Name	Date of birth	Living with

In addition to the above children there is/are in your household:

_____ adult(s)

_____ other minor and/or dependent child(ren).

SECTION III – EXPENSES

List monthly expenses below for your present household.

A. MONTHLY HOUSING EXPENSES

Rent or first mortgage (including taxes and insurance)	$
Real estate taxes (if not included above)	$
Real estate/homeowner's insurance (if not included above)	$
Second mortgage/equity line of credit	$
Utilities	
o Electric	$
o Gas, fuel oil, propane	$
o Water and sewer	$
o Telephone	$
o Trash collection	$
o Cable/satellite television	$
Cleaning, maintenance, repair	$
Lawn service, snow removal	$
Other:	$
	$
TOTAL MONTHLY :	$

B. OTHER MONTHLY LIVING EXPENSES

Food	
o Groceries (including food, paper, cleaning products, toiletries, other)	$ _____
o Restaurant	$ _____
Transportation	
o Vehicle loans, leases	$ _____
o Vehicle maintenance (oil, repair, license)	$ _____
o Gasoline	$ _____
o Parking, public transportation	$ _____
Clothing	
o Clothes (other than children's)	$ _____
o Dry cleaning, laundry	$ _____
Personal grooming	
o Hair, nail care	$ _____
o Other _____	$ _____
Cell phone	$ _____
Internet (if not included elsewhere)	$ _____
Other _____	$ _____
TOTAL MONTHLY	$ _____

C. MONTHLY CHILD-RELATED EXPENSES
(for children of the marriage or relationship)

Work/education-related child care	$ _____
Other child care	$ _____
Unusual parenting time travel	$ _____
Special and unusual needs of child(ren) (not included elsewhere)	$ _____
Clothing	$ _____
School supplies	$ _____
Child(ren)'s allowances	$ _____
Extracurricular activities, lessons	$ _____
School lunches	$ _____
Other _____	$ _____
TOTAL MONTHLY	$ _____

D. INSURANCE PREMIUMS

Life	$ _____
Auto	$ _____
Health	$ _____
Disability	$ _____
Renters/personal property (if not included in part A above)	$ _____
Other _____	$ _____
TOTAL MONTHLY	$ _____

E. MONTHLY EDUCATION EXPENSES

Tuition	
o Self	$ _____
o Child(ren)	$ _____
Books, fees, other	$ _____
College loan repayment	$ _____
Other _____	$ _____
_____	$ _____
TOTAL MONTHLY:	$ _____

F. MONTHLY HEALTH CARE EXPENSES
(not covered by insurance)

Physicians	$ _____
Dentists	$ _____
Optometrists/opticians	$ _____
Prescriptions	$ _____
Other _____	$ _____
_____	$ _____
TOTAL MONTHLY:	$ _____

G. MISCELLANEOUS MONTHLY EXPENSES

Extraordinary obligations for other minor/handicapped child(ren) (not stepchildren)	$ _____
Child support for children who were not born of this marriage or relationship and were not adopted of this marriage	$ _____
Spousal support paid to former spouse(s)	$ _____
Subscriptions, books	$ _____
Entertainment	$ _____

Charitable contributions	$
Memberships (associations, clubs)	$
Travel, vacations	$
Pets	$
Gifts	$
Bankruptcy payments	$
Attorney fees	$
Required deductions from wages (excluding taxes, Social Security and Medicare) (type)	$
Additional taxes paid (not deducted from wages) (type)	$
Other	$
	$
TOTAL MONTHLY:	$

H. MONTHLY INSTALLMENT PAYMENTS
(Do not repeat expenses already listed.)
Examples: car, credit card, rent-to-own, cash advance payments

To whom paid	Purpose	Balance due	Monthly payment
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		TOTAL MONTHLY:	$

GRAND TOTAL MONTHLY EXPENSES (Sum of A through H): $

OATH

(Do not sign until notary is present.)

I, (print name) _____ , swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

_____
Your Signature

Sworn before me and signed in my presence this ____ day of _____ , _____ .

_____
Notary Public
My Commission Expires:
_____

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

_____Domestic Relations____ Division

_____WASHINGTON_____ COUNTY, OHIO

IN THE MATTER OF:

_____
A Minor

_____
Name

_____
Street Address

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City, State and Zip Code
Plaintiff/Petitioner

Case No. _____

Judge _____

Magistrate _____

vs.

_____
Name

_____
Street Address

_____
City, State and Zip Code
Defendant/Petitioner

AFFIDAVIT OF INABILITY TO PREPAY COURT COSTS

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