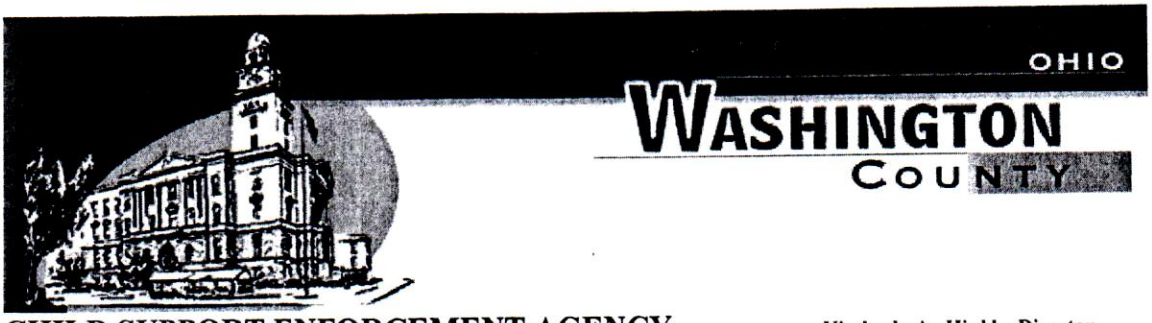

CHILD SUPPORT ENFORCEMENT AGENCY
205 Putnam Street, 4th Floor; Marietta, Ohio 45750

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

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 a shared parenting plan or a change in the designation of the sole residential parent and legal custodian. A Request for Service (Uniform Domestic Relations Form 28) and a Parenting Proceeding Affidavit (Uniform Domestic Relations Form – Affidavit 3) must be filed with this Motion.

MOTION FOR CHANGE OF PARENTAL RIGHTS AND RESPONSIBILITIES (CUSTODY) AND MEMORANDUM IN SUPPORT

1. I, _____ (name), request this Court change the allocation of parental rights and responsibilities (custody) Order filed on this date _____ (filed date) regarding the following minor child(ren): _____

Name of Child	**Date of Birth**
_____	_____
_____	_____
_____	_____

2. Select one:

☐ _____ (name) is currently designated as the residential parent and/or legal custodian of the children and resides in the _____ School District.

☐ The parents now have a Shared Parenting Plan.

3. 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:

_____

_____

_____

4. I request that the Court change the existing order in the following way:

_____

_____

_____

5. I believe that the changes I am requesting 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/Respondent	

Instructions: Check local court rules to determine when this form must be filed.
By law, an affidavit must be filed and served with the first pleading filed by each party in every parenting (custody/visitation) proceeding in this Court, including Dissolutions, Divorces and Domestic Violence Petitions. Each party has a continuing duty while this case is pending to inform the Court of any parenting proceeding concerning the child(ren) in any other court in this or any other state. **If more space is needed, add additional pages.**

PARENTING PROCEEDING AFFIDAVIT (R.C. 3127.23(A))

Affidavit of _____
(Print Your Name)

Check and complete ALL THAT APPLY:

1. ☐ I request that the court not disclose my current address or that of the child(ren). My address is confidential pursuant to R.C. 3127.23(D) and should be placed under seal to protect the health, safety, or liberty of myself and/or the child(ren).
2. ☐ Minor child(ren) are subject to this case as follows:

Insert the information requested below for all minor or dependent children of this marriage. You must list the residences for all places where the children have lived for the last **FIVE** years.

a. Child's Name: **Place of Birth:**

Date of Birth: **Sex:** ☐ Male ☐ Female

Period of Residence			Check if Confidential	Person(s) With Whom Child Lived (name & address)	Relationship
_____	to	present	☐ Address Confidential?	_____	_____
_____	to	_____	☐ Address Confidential?	_____	_____
_____	to	_____	☐ Address Confidential?	_____	_____
_____	to	_____	☐ Address Confidential?	_____	_____

b. Child's Name: **Place of Birth:**

Date of Birth: **Sex:** ☐ Male ☐ Female

☐ Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

Period of Residence			Check if Confidential	Person(s) With Whom Child Lived (name & address)	Relationship
_____	to	present	☐ Address Confidential?	_____	_____
_____	to	_____	☐ Address Confidential?	_____	_____
_____	to	_____	☐ Address Confidential?	_____	_____
_____	to	_____	☐ Address Confidential?	_____	_____

c. Child's Name: **Place of Birth:**

Date of Birth: **Sex:** ☐ Male ☐ Female

☐ Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

Period of Residence			Check if Confidential	Person(s) With Whom Child Lived (name & address)	Relationship
_____	to	present	☐ Address Confidential?	_____	_____
_____	to	_____	☐ Address Confidential?	_____	_____
_____	to	_____	☐ Address Confidential?	_____	_____
_____	to	_____	☐ Address Confidential?	_____	_____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CHILDREN, ATTACH A SEPARATE PAGE AND CHECK THIS BOX ☐.

3. **Participation in custody case(s): (Check only one box.)**

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

☐ I **HAVE** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of, or visitation (parenting time), with any child subject to this case. For each case in which you participated, give the following information:

a. Name of each child: _____ _____

_____ _____ _____

b. Type of case: _____

c. Court and State: _____

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

_____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CUSTODY CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX ☐.

4. **Information about other civil case(s) that could affect this case: (Check only one box.)**

☐ I **HAVE NO INFORMATION** about any other civil cases that could affect the current case, including any cases relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning any child subject to this case.

☐ I **HAVE THE FOLLOWING INFORMATION** concerning other civil cases that could affect the current case, including any cases relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning a child subject to this case. Do not repeat cases already listed in Paragraph 3. Explain:

a. Name of each child: _____ _____

_____ _____ _____

b. Type of case: _____

c. Court and State: _____

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

_____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX ☐.

5. **Information about criminal case(s):**

List all of the criminal convictions, including guilty pleas, for you and the members of your household for the following offenses: any criminal offense involving acts that resulted in a child being abused or neglected; any domestic violence offense that is a violation of R.C. 2919.25; any sexually oriented offense as defined in R.C. 2950.01; and any offense involving a victim who was a family or household member at the time of the offense and caused physical harm to the victim during the commission of the offense.

Name	Case Number	Court/State/County	Convicted of What Crime?

IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX ☐.

6. **Persons not a party to this case who has physical custody or claims to have custody or visitation rights to children subject to this case: (Check only one box.)**

☐ I **DO NOT KNOW OF ANY PERSON(S)** not a party to this case who has/have physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this case.

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

a. Name/Address of Person _____ _____

☐ Has physical custody ☐ Claims custody rights ☐ Claims visitation rights

Name of each child: _____ _____

_____ _____ _____

b. Name/Address of Person _____ _____

☐ Has physical custody ☐ Claims custody rights ☐ Claims visitation rights

Name of each child: _____

_____ _____ _____

c. Name/Address of Person _____ _____

☐ Has physical custody ☐ Claims custody rights ☐ Claims visitation rights

Name of each child: _____ _____

_____ _____ _____

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

_____
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