

IN THE COURT OF COMMON PLEAS

DOMESTIC RELATIONS

Division

MONTGOMERY

COUNTY, OHIO

Name : Case No. _____

Street Address :

Judge :
City, State and Zip Code :
Plaintiff/Petitioner :
Magistrate :

: vs. :

Name :

Street Address :

City, State and Zip Code :
Defendant/Petitioner :

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:

☐ 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

Notice of Hearing

This motion has been scheduled for a hearing on _____, at _____ AM/PM
before Magistrate _____. The parties, with or without counsel, shall be present on the

above date at the second floor of the Dayton-Montgomery County Courts Building, 301 W. Third Street, Dayton, Ohio.

FAILURE TO APPEAR MAY RESULT IN DISMISSAL OF THE MOTION OR UNCONTESTED HEARING ON THE MOTION.

**IN THE COMMON PLEAS COURT OF MONTGOMERY COUNTY, OHIO
DIVISION OF DOMESTIC RELATIONS**

PLAINTIFF/PETITIONER (1)

Address:

DOB: _____

-vs- / -and-

CASE NO. _____

SETS NO. _____

JUDGE: PETRELLA / WOOD

DEFENDANT/PETITIONER (2)

Address:

DOB: _____

**AFFIDAVIT OF FINANCIAL DISCLOSURE
(MONT. D. R. RULE 4.10)**

STATE OF OHIO, SS:

Now comes _____, affiant herein, and having been duly cautioned and sworn, states that they have been advised that this affidavit may be used for any or all of the following purposes: (1) to make complete disclosure of affiant's income, liabilities and expenses; (2) to assist in determining orders of support when applicable.

I. TEMPORARY ORDERS/OTHER ACTIVE CASES:

_____ I do not request a temporary order.

_____ I request a temporary order for ☐ custody, ☐ child support, and/or ☐ spousal support.

_____ A Domestic Violence Order under Case No. _____ currently is in effect.

_____ A UIFSA or Juvenile Court Case under Case No. _____ currently is in effect.

_____ A Bankruptcy action under Case No. _____ was filed _____.

DATE OF SEPARATION (NEW CASES) _____

II. MINOR AND/OR DEPENDENT CHILDREN ONLY OF THIS MARRIAGE:

_____ DOB: _____ Residing with: _____

_____ DOB: _____ Residing with: _____

_____ DOB: _____ Residing with: _____

_____ DOB: _____ Residing with: _____

EMPLOYMENT OR SCHOOL RELATED CHILDCARE EXPENSES FOR THESE CHILDREN: \$_____ per year.

III. TOTAL INCOME FROM ALL SOURCES (A, plus B, plus Average of C):

PLAINTIFF \$ _____ DEFENDANT \$ _____

A. GROSS YEARLY INCOME FROM EMPLOYMENT

PLAINTIFF/PETITIONER (1)

DEFENDANT/PETITIONER (2)

____ YES ____ NO Employed? YES ____ NO

\$ _____ (Actual or Estimate) **Base Yearly Wages** (Actual or Estimate) \$ _____
or Gross Receipts if Self-Employed

..... Employer

..... Payroll Address

..... City, State, Zip

B. OTHER YEARLY INCOME

PLAINTIFF/PETITIONER (1)

DEFENDANT/PETITIONER (2)

| YEARLY AMOUNT | SOURCE/ADDRESS | | YEARLY AMOUNT | SOURCE/ADDRESS |
|------------------|----------------|---|------------------|----------------|
| \$ | | Interest/ Dividend Income | \$ | |
| \$ | | Unemployment Compensation | \$ | |
| \$ | | Workers' Compensation, Social Security or Other Disability Benefits | \$ | |
| \$ | | Social Security & Pension Income | \$ | |
| \$ | | Gross Self-Employment Income | \$ | |
| \$ | | Ordinary & Necessary Business Expenses | \$ | |
| \$ | | Expected lump sum income or benefits (within 6 months) | \$ | |

C. OVERTIME, COMMISSION AND BONUSES EARNED:

[Past Three Year History - Year 3 Is Most Recent Year]

Overtime, Commission, Bonuses

20__ Year 1 \$ _____

20__ Year 2 \$ _____

20__ Year 3 \$ _____

Overtime, Commission, Bonuses

20__ Year 1 \$ _____

20__ Year 2 \$ _____

20__ Year 3 \$ _____

IV. OTHER SUPPORT INFORMATION:

PLAINTIFF/PETITIONER (1)

DEFENDANT/PETITIONER (2)

\$ _____ per year Court Ordered Spousal Support Payable to a Spouse(s) \$ _____ per year

Number of Your Other Minor Child(ren)
(not children of this marriage or step children)

V. OTHER ASSETS:

List all funds on deposit in any and all accounts in any bank, savings & loan, credit union, regulated investment company, mutual fund or other financial institution. Account includes any of the following: checking, certificate of deposit ("CD"), investment, savings, individual retirement account ("IRA"), stock option, etc. Attach additional pages if needed.

Name & Address of Financial Institution

Name(s) on Account

Balance

VI. AFFIANT'S MONTHLY EXPENSES:

List your ACTUAL expenses for your **present household**. If you expect changes in your expenses soon, attach a separate sheet with your ESTIMATED expenses. **If you are living with your parents or someone is helping you with your living expenses, please identify that party _____ and the amount of support provided _____.**

A. MONTHLY EXPENSES

LIST ONLY THE EXPENSES YOU PAY

1. Housing

Rent or Mortgage (including taxes and insurance)..... \$ _____

Utilities

a. Gas & Electric (level billing or average per month)..... \$ _____

b. Water & Sewer \$ _____

c. Telephone/Cell Phone (excluding long distance)..... \$ _____

d. Trash Collection: \$ _____

Other: \$ _____

HOUSING TOTAL (A1) \$

2. OTHER MONTHLY EXPENSES:

Grocery (include food, laundry & cleaning products/toiletries etc) \$ _____
 Gasoline & Oil \$ _____
 Car Repairs \$ _____
 Insurance: (life/auto/renter's) \$ _____
 Medical (not covered by insurance) \$ _____
 Clothing \$ _____
 Internet \$ _____
 Other \$ _____

OTHER MONTHLY EXPENSES TOTAL (A2) \$

B. MONTHLY DEBT PAYMENTS

Do not list expenses previously listed in Section A (Monthly Expenses). Attach additional pages if needed.

| <u>TO WHOM PAID</u> (ALSO INDICATE NAME ACCOUNT IS IN OR JOINT ACCOUNT) | <u>PURPOSE/SECURITY</u> (IF CAR LOAN, STATE MODEL & WHO DRIVES IT) | <u>MONTHLY PAYMENT</u> | <u>TOTAL BALANCE DUE</u> |
|--|---|-----------------------------------|---|
|--|---|-----------------------------------|---|

MONTHLY DEBT PAYMENTS TOTAL (B) \$

GRAND TOTAL MONTHLY EXPENSES(A1 + A2 + B) \$

VII. HEALTH INSURANCE:

GROUP HEALTH INSURANCE COVERAGE AVAILABLE FOR DEPENDENT CHILDREN
(This section to be filled in **ONLY** when there are dependent children of the parties.)

CHECK IF CHILDREN ARE CURRENTLY ENROLLED: ☐ FAMILY PLAN or ☐ INDIVIDUAL PLAN

PLAINTIFF/PETITIONER (1)

YES NO
YES NO

Available through employment
Other Group Plan

Insurance Company Name

Address

Policy Number

Employee Cost

(Indicate "0" if no cost to party)

DEFENDANT/PETITIONER (2)

YES NO
YES NO

\$ _____ per month

\$ _____ per month

Affiant states that the information contained herein and attached hereto, is complete and accurate to the best of his/her information, knowledge or belief under penalty of law.

Attorney for Plaintiff/Defendant/Petitioner

Affiant Plaintiff/Petitioner (1)
Defendant/Petitioner (2)

Sworn to and subscribed in my presence this _____ day of _____, _____.

Notary Public

My commission expires _____

IN THE COURT OF COMMON PLEAS
DOMESTIC RELATIONS **Division**
MONTGOMERY **COUNTY, OHIO**

| | | |
|--------------------------|---|---|
| Name | : | |
| | : | Case No. |
| | : | |
| Street Address | : | Judge |
| | : | |
| City, State and Zip Code | : | |
| | : | |
| Plaintiff/Petitioner | : | Magistrate |
| | : | |
| vs./and | : | |
| | : | |
| | : | |
| Name | : | |
| | : | |
| Street Address | : | |
| | : | |
| City, State and Zip Code | : | |
| | : | |
| Defendant/Petitioner | : | |

| |
|--|
| 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:

REQUEST FOR SERVICE

☐ Defendant/Petitioner at the address shown above.

☐ Service By Clerk, Return Receipt Requested

☐ Issuance to Sheriff of _____ County, Ohio for ☐ Personal or ☐ Residence service

☐ Other (specify) _____

☐ Plaintiff/Petitioner at the address shown above.

☐ Service By Clerk, Return Receipt Requested

☐ Issuance to Sheriff of _____ County, Ohio for ☐ Personal or ☐ Residence service

☐ Other (specify) _____

☐ _____ County Child Support Enforcement Agency (provide address below):

☐ Service By Clerk, Return Receipt Requested

☐ Issuance to Sheriff of _____ County, Ohio for ☐ Personal or ☐ Residence service

☐ Other (specify) _____

☐ Other (address): _____

☐ Service By Clerk, Return Receipt Requested

☐ Issuance to Sheriff of _____ County, Ohio for ☐ Personal or ☐ Residence service

☐ Other (specify) _____

TO BE SERVED: (List all documents to be served.)

Your Signature

Montgomery County CSEA
1111 S. Edwin C. Moses Blvd.
P. O. Box 8744
Dayton, OH 45422
Fax: (937) 496-7461

Applicant Name_____

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 Montgomery County 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 | _____ | Ever been on | |
| (Branch, Dates): | _____ | Public Assistance? | _____ |
| | | (When and Where) | _____ |
| | _____ | | _____ |

EMPLOYER INFORMATION

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

| | 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: _____