

**IN THE COURT OF COMMON PLEAS**  
**DOMESTIC RELATIONS          Division**  


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**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:

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

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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:

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

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

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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:

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

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Your Signature

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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.**

DR-10 (12/18)

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

CASE NO. \_\_\_\_\_

PLAINTIFF/PETITIONER (1)

Address: \_\_\_\_\_

SETS NO. \_\_\_\_\_

**JUDGE: CROSS / WOOD**

DOB: \_\_\_\_\_

-vs- / -and-

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

DEFENDANT/PETITIONER (2)

Address: \_\_\_\_\_

DOB: \_\_\_\_\_

STATE OF OHIO, SS:

Now comes \_\_\_\_\_, affiant herein, and having been duly cautioned and sworn, states that he/she has 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 CHILD CARE 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**

**Overtime, Commission, Bonuses**

20\_\_ Year 1 \$ \_\_\_\_\_

20\_\_ Year 1 \$ \_\_\_\_\_

20\_\_ Year 2 \$ \_\_\_\_\_

20\_\_ Year 2 \$ \_\_\_\_\_

20\_\_ Year 3 \$ \_\_\_\_\_

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.

<i>Name &amp; Address of Financial Institution</i>	<i>Name(s) on Account</i>	<i>Balance</i>
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**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**

**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 .....** \$ \_\_\_\_\_ **(1)**

**2. Other**

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 ..... \$ (II)**

**B. MONTHLY DEBT PAYMENTS**

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

**TO WHOM PAID**  
 (ALSO INDICATE NAME ACCOUNT IS  
 IN OR JOINT ACCOUNT)

**PURPOSE/SECURITY**  
 (IF CAR LOAN, STATE MODEL  
 & WHO DRIVES IT)

**MONTHLY  
 PAYMENT**

**TOTAL  
 BALANCE  
 DUE**

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**MONTHLY DEBT PAYMENTS TOTAL ..... \$ (III)**

**GRAND TOTAL MONTHLY EXPENSES (I + II + III) ..... \$**

**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**  


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**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 on the following page:

Montgomery County Revised April 2016 Amended June 2, 2017  
 Supreme Court of Ohio  
 Uniform Domestic Relations Form – 28  
 Uniform Juvenile Form – 10  
**REQUEST FOR SERVICE**  
 Approved under Ohio Civil Rule 84 and Ohio Juvenile Rule 46  
 Effective Date: 7/1/2013

**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) \_\_\_\_\_

SPECIAL INSTRUCTIONS TO SHERIFF:

\_\_\_\_\_

\_\_\_\_\_  
Your Signature