NOTICE NOTICE NOTICE

ATTACH TO SUMMONS (O.R.C. 2705.031)

TO THE PERSON SERVED WITH THIS NOTICE: YOU ARE ACCUSED OF CONTEMPT OF A COURT ORDER. YOU SHOULD READ THIS NOTICE.

(1) A notice of hearing date is attached. Your failure to appear at this hearing may result in the issuance of an order for your arrest. If this case involves alleged failure to pay support, the court may also issue an order for the payment of support by withholding an amount from your personal earnings or by withholding or deducting an amount from some other asset of yours.

(2) You have a right to be represented by legal counsel in this matter. If you believe that you are indigent, you must apply for a public defender or court appointed counsel within three business days after receipt of the attached summons. THE ADDRESS OF THE MONTGOMERY COUNTY PUBLIC DEFENDER'S OFFICE IS: 117 SOUTH MAIN STREET, REIBOLD BUILDING, 4TH FLOOR, DAYTON, OHIO. THE TELEPHONE NUMBER IS (937) 225-4652.

(3) The court may refuse to grant you a continuance at the time of hearing for the purpose of obtaining counsel, if you fail to make a good faith effort to retain counsel or to obtain a public defender.

(4) The following potential penalties could be imposed upon you, if you are found guilty of contempt for your failure to pay support, of for your failure to comply with, or your interference with, a visitation order or decree:

STATUTORY PENALTIES: FOR A FIRST OFFENSE, YOU MAY BE FINED NOT MORE THAN $250 AND IMPRISONED NOT MORE THAN THIRTY DAYS, OR BOTH. FOR A SECOND OFFENSE, YOU MAY BE FINED NOT MORE THAN $500 AND IMPRISONED FOR NOT MORE THAN SIXTY DAYS, OR BOTH. FOR A THIRD OFFENSE, YOU MAY BE FINED NOT MORE THAN $1,000 AND IMPRISONED NOT MORE THAN 90 DAYS, OR BOTH. (R.C. 2705.05)

IMPRISONMENT UNTIL COMPLIANCE: IF YOUR CONTEMPT CONSISTS OF THE OMISSION TO DO AN ACT WHICH THE COURT FINDS YOU CAN YET PERFORM, YOU MAY BE IMPRISONED UNTIL YOU PERFORM IT. (R.C. 2705.06)

SUPPORT CONTEMPT: IF YOU ARE FOUND IN CONTEMPT FOR FAILURE TO MAKE CHILD SUPPORT OR SPOUSAL SUPPORT PAYMENTS AS ORDERED, IN ADDITION TO ALL OTHER PENALTIES, THE COURT MUST ORDER YOU TO PAY ALL COURT COSTS AND REASONABLE ATTORNEY FEES TO THE OTHER PARTY. (R.C. 3105.21, 3109.05(C); & 3105.18(G). IN ADDITION, IF THE COURT FINDS YOUR FAILURE TO PAY CHILD SUPPORT WAS WILLFUL, IT MUST REQUIRE YOU TO PAY INTEREST ON YOUR CHILD SUPPORT ARREARAGES. (R.C. 3123.17)

HEALTH INSURANCE CONTEMPT: IF YOU ARE FOUND IN CONTEMPT FOR FAILURE TO COMPLY WITH HEALTH INSURANCE ORDERS RELATING TO MINOR CHILDREN, YOU ARE LIABLE FOR ANY MEDICAL EXPENSES INCURRED AS A RESULT OF YOUR FAILURE, AND UPON A SECOND OFFENSE, YOUR CHILD SUPPORT OBLIGATION MAY BE INCREASED. (R.C. 3119.56, 3119.57, 3119.58)

PARENTING TIME CONTEMPT: IF YOU ARE FOUND IN CONTEMPT FOR FAILURE TO COMPLY WITH OR INTERFERENCE WITH ANY COMPANIONSHIP OR PARENTING TIME RIGHTS, IN ADDITION TO ALL OTHER PENALTIES, THE COURT MUST ORDER YOU TO PAY ALL COURT COSTS AND REASONABLE ATTORNEY FEES TO THE OTHER PARTY, AND MAY ALSO AWARD COMPENSATORY VISITATION TIME. (R.C. 3109.051(K))

ADDITIONAL PENALTIES: IN ADDITION TO ALL PENALTIES IMPOSED BY STATUTE, THE COURT HAS THE INHERENT POWER TO IMPOSE ADDITIONAL SANCTIONS FOR CONTEMPT OF COURT. (Hale v. State (1896), 55 Ohio St. 210; Zakany v. Zakany (1984), 9 Ohio St.3d 192.

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

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

Instructions: This form is used to request the enforcement of a court order and hold the other party in contempt for violating the court order. A Request for Service (Uniform Domestic Relations Form 28) and a proposed Show Cause Order, Notice and Instructions to the Clerk (Uniform Domestic Relations Form 22) must be filed with this Motion. Check local court procedures.

MOTION FOR CONTEMPT AND AFFIDAVIT

I,_____ (name), request an order for

_____ (other party's name) to appear and show cause why he/she should not be held in contempt for violating a court order and a finding of contempt for violating the court order regarding the following: (check all that apply)

1. ☐ Interference with parenting time or other parenting orders filed on _____(date).

2. ☐ Failure to pay child support, as required by the order filed on _____ (date) and the total arrearage owed is $_____.
(*Bring to the hearing an up-to-date printout from the County Child Support Enforcement Agency showing the amount of the child support owed to you.)*

3. ☐ Failure to pay spousal support, as required by the order filed on_____ (date) and the total arrearage owed is $_____.
(Bring to the hearing an up-to-date printout from the County Child Support Enforcement Agency or other independent proof showing the amount owed to you.)

4. ☐ Payment or reimbursement of health care expenses incurred for the minor child(ren). Attach an Explanation of Health Care Bills (Uniform Domestic Relations Form 26) and bring to the hearing the following documents:
   a. Copies of each bill for which you seek reimbursement.
   b. Proof of payment by you. Proof of payment may include a receipt for payment signed by the health care provider, a copy of a cancelled check, or a copy of a credit card statement verifying the amount paid; and
   c. Explanation of Benefits forms showing payment made by the health insurance carrier.

5. ☐ Failure to comply with the Court's order(s) filed on _____ (date) regarding: (check all that apply)

   ☐ Transfer of real estate, as follows:

   _____

   ☐ Payment of debt, as follows:

   _____

   ☐ Refinance of debt, as follows:

   _____

   ☐ Distribution of personal property, as follows:

   _____

   ☐ Other: (specify) _____

6. Costs and any other relief as necessary and proper are also requested.

_____
Your Signature

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

OATH

(Do not sign until Notary is present.)

I, _____ (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: _____

Montgomery County Revised April 2016
(07/13)

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

_____ CASE NO. _____
(Name & Address) SETS NO. _____
_____

_____

Plaintiff JUDGE: _____

v.

_____ **ORDER TO SHOW CAUSE**
(Name & Address)
_____

_____

Defendant

This case is before the court upon ☐plaintiff's/☐defendant's Motion to Show Cause filed _____ requiring ☐plaintiff/☐defendant to appear before this court to show cause why ☐plaintiff/☐defendant should not be held in civil or criminal contempt for failure to

.

_____

The motion demonstrates that there is probable cause to believe that ☐plaintiff/☐defendant is in contempt of this court and ORDERS that ☐plaintiff/☐defendant appear before Judge/Magistrate _____, at 301 West Third Street, Second Floor, Dayton, Ohio 45422, on _____, at _____, to show cause why defendant should not be punished for criminal and/or civil contempt of this court.

The attached NOTICE is provided for ☐plaintiff's/☐defendant's benefit according to law. ☐Plaintiff/☐Defendant is also advised that, in connection with this contempt proceeding, defendant has the following rights:

1. To be represented by an attorney;

2. Because the court may impose a sentence of indefinite confinement for civil contempt (to force compliance) and/or definite confinement for criminal contempt (to punish noncompliance), to have an attorney appointed for him/her at State expense if he/she cannot afford an attorney;
3. To compel ☐ plaintiff / ☐ defendant to prove his/her case by clear and convincing evidence as to any civil contempt charges and by proof beyond a reasonable doubt as to any criminal contempt charges;
4. To obtain the presence of witnesses in ☐ plaintiff's/ ☐ defendant's own behalf by compulsory process if necessary; and
5. To cross-examine the witnesses against ☐ plaintiff/ ☐ defendant.

Failure to appear as ordered may result in a warrant issuing to the Montgomery County Sheriff's Office for ☐ plaintiff's/ ☐ defendant's immediate arrest. Failure to appear is a separate violation of court orders and may result in additional fines and jail sentence.

Costs of this action shall be continued for further order.

IT IS SO ORDERED:

_____

JUDGE

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

Note: Only include the following form (Explaination of Healthcare Bills - Form -26) if you are filing for contempt of a court order related to payment or reimbursement of healthcare expenses for minor child(ren).

Name of Child: _____ Case No. _____

Instructions: This form is used when you are claiming the other party has not paid health care bills. Use a separate form for each child.
A Motion for Contempt and Affidavit (Uniform Domestic Relations Form 24) and a Show Cause Order and Notice to the Clerk (Uniform Domestic Relations Form 25) must be filed.
You must bring copies of health care bills, Explanation of Benefits forms, and proof of payment to the hearing. Be prepared to indicate the amount owed to you, service providers, collection agencies, or other entities. If more space is needed, add additional pages.

EXPLANATION OF HEALTH CARE BILLS

Date of Treatment	Name of Service Provider (e.g., Doctor, Dentist, Therapist, Hospital) & Services Provided	Total Bill	Date Bill Sent to Other Party	Amount Insurance Paid	Amount You Paid	Amount Paid by Other Party	Amount of Unpaid Bill	Amount Due from Other Party

Total Amount of Claim $ _____

_____ _____
Your Signature Date

Montgomery County Revised February 2025
Supreme Court of Ohio
Uniform Domestic Relations Form 29
Explanation of Health Care Bills
Approved under Ohio Civil Rule 84
Amended: September 21, 2020

FINANCIAL DISCLOSURE FORM

($25.00 application fee may be assessed—see notice on reverse side)

I. PERSONAL INFORMATION

Applicant's Legal Name	Applicant's Preferred Name and Pronoun	Date of Birth

Mailing Address	City	Email Address

State	Zip Code	Case No.	Phone	Cell Phone

SSN Last 4	Gender	Race (double-click to de-select)
		☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ Spanish or Latino ☐ White ☐ Other

II. OTHER PERSONS LIVING IN HOUSEHOLD

Name	DOB	Relationship	Name	DOB	Relationship
1)			3)		
2)			4)		

III. PRESUMPTIVE ELIGIBILITY

The appointment of counsel is presumed if the person represented meets any of the qualifications below. Please place an "X" if:

Ohio Works First/TANF: ☐ SSI: ☐ SSD: ☐ Medicaid: ☐ Poverty Related Veteran's Benefits: ☐ Food Stamps: ☐

Refugee Settlement Benefits: ☐ Incarcerated in State Penitentiary: ☐ Committed to a Public Mental Health Facility: ☐

Other (please describe): _____ Juvenile: ☐ *(If juvenile, please continue at Section VIII)*

IV. INCOME AND EMPLOYER

	Applicant	Spouse (Do not include spouse's income if spouse is alleged victim)	Total Income
Gross Monthly Employment Income	$	$	$
Unemployment, Worker's Compensation, Child Support, Other Typers of Income	$	$	$
		TOTAL INCOME	$

Employer's Name: _____ Phone Number: _____

Employer's Address: _____

V. LIQUID ASSETS

Type of Asset	**Estimated Value**
Checking, Savings, Money Market Accounts	$
Stocks, Bonds, CDs	$
Other Liquid Assets or Cash on Hand	$
TOTAL LIQUID ASSETS	$

VI. MONTHLY EXPENSES

Type of Expense	**Amount**	**Type of Expense**	**Amount**
Child Support Paid Out	$	Telephone	$
Child Care (if working only)	$	Transportation/Fuel	$
Insurance (medical, dental, auto, etc.)	$	Taxes Withheld/Owed	$
Mental/Dental Expenses or Associated Costs of caring for Infirm Family Member	$	Credit Card/Other Loans	$
Rent/Mortgage	$	Utilities (gas, electric, water, sewer, trash)	$
Food	$	Other (specify)	$
EXPENSES	$	**EXPENSES**	$

VII. DETERMINATION OF INDIGENCY

If applicant's Total Income in Section IV is at or below 187.5% of the Federal Poverty Guidelines, counsel must be appointed. For applicants whose Total Income in Section IV is above 125% of the Federal Poverty Guidelines, see recoupment notice in Section XI. If applicant's Liquid Assets in Section V exceed figures provided in OAC 120-1-03, appointment of counsel may be denied if applicant can employ counsel using those liquid assets. If applicant's Total Income falls above 187.5% of Federal Poverty Guidelines, but applicant is financially unable to employ counsel after paying monthly expenses in Section VI, counsel must be appointed.

VII. $25.00 APPLICATION FEE NOTICE

By submitting this Financial Disclosure Form, you will be assessed a non-refundable $25.00 application fee unless waived or reduced by the court. If assessed, the fee is to be paid to the clerk of courts within 7 days of submitting this form to the entity that will make a determination regarding your indigency. No applicant may be denied counsel based upon failure or inability to pay this fee.

IX. APPLICANT CERTIFICATION

I, _____ (applicant or alleged delinquent child) state:

1. I am financially unable to retain private counsel without substantial hardship to me or my family.
2. I understand that I must inform the public defender or appointed attorney if my financial situation should change before the disposition of the case(s) for which representation is being provided.
3. I understand that if it is determined by the county or the court that legal representation should not have been provided, I may be required to reimburse the county for the costs of representation provided. Any action filed by the county to collect legal fees hereunder must be brought within two years from the last date legal representation was provided.
4. I understand that I am subject to criminal charges for providing false financial information in connection with this application for legal representation, pursuant to Ohio Revised Code sections 120.05 and 2921.13.
5. I hereby certify that the information I have provided on this financial disclosure form is true to the best of my knowledge.

_____ _____

Name and title of authorized persons completing form on behalf of applicant. Information obtained via phone or video.

Signature of applicant Date

X. COURT CERTIFICATION

I hereby certify that the above-noted applicant is unable to fill out and/or sign this financial disclosure for the following reason:

_____. I have determined that the party represented meets the criteria for receiving court-appointed counsel.

_____

Judge or Magistrate's signature Date

XI. NOTICE OF RECOUPMENT

ORC. §120.03 allows for county recoupment programs. Any such program may not jeopardize the quality of defense provided or act to deny representation to qualified applicants. No payments, compensation, or in-kind services shall be required from an applicant or client whose income falls below 125% of the federal poverty guidelines. See OAC 120-1-05.

Through recoupment, an applicant or client may be required to pay for part of the cost of services rendered, if he or she can reasonably be expected to pay. See ORC §2941.51(D).

XII. JUVENILE'S PARENTS' INCOME* – FOR RECOUPMENT PURPOSES ONLY – NOT FOR APPOINTMENT OF COUNSEL

	Custodial Parents' Income (Do not include parents' income if parent or relative is alleged victim)	Total
Employment Income (gross)	$	$
Unemployment, Worker's Compensation, Child Support, Other Typers of Income	$	$
	TOTAL INCOME	$

*Please complete Section VI on page 1 of this form if you would like the court to consider your monthly expenses when determining the amount of recoupment which you can reasonably be expected to pay.