

**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 to request a change in the parenting time (visitation) order. 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 PARENTING TIME (COMPANIONSHIP AND VISITATION)  
AND MEMORANDUM IN SUPPORT**

1. I, \_\_\_\_\_ (name), request this Court change the existing  
parenting time (companionship and visitation) Order filed on this date \_\_\_\_\_  
(date filed) regarding the following minor child(ren):

**Name of Child**

**Date of Birth**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Select one:

☐

\_\_\_\_\_ (name) is currently designated the residential parent and/or legal custodian of the child(ren).

☐

The parties now have a Shared Parenting Plan.

3. I request that the Court change the parenting time (companionship and visitation) Order because:

\_\_\_\_\_  
4. I request that the Court change the existing parenting time (companionship and visitation) 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

**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.**

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

Plaintiff/Petitioner		Case No.	
		Judge	
vs./and		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 the parties. You must list the residences for all places where the children have lived for the last **FIVE** years.

<b>a. Child's Name:</b> _____		<b>Place of Birth:</b> _____	
<b>Date of Birth:</b> _____		<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<u>Date of Residence</u>	<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name and address)	<u>Relationship</u>
_____ to present	<input type="checkbox"/> Address Confidential?	_____	_____
	<input type="checkbox"/> Address	_____	_____

\_\_\_\_\_ to \_\_\_\_\_ 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 below is the same as in Section 1(a). Skip to the next question.

<u>Date of Residence</u>	<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name and address)	<u>Relationship</u>
_____ to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____

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

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

☐ Check this box if the information below is the same as in Section 1(a). Skip to the next question.

<u>Date of Residence</u>	<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name and address)	<u>Relationship</u>
_____ to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> 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 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 CHILDREN, ATTACH A SEPARATE PAGE AND CHECK THIS BOX ☐.

**4. Information about other civil case(s) that could effect 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 CHILDREN, 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.

<u>Name</u>	<u>Case Number</u>	<u>Court/State/County</u>	<u>Convicted of What Crime?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CHILDREN, 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 claims 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:  
  
\_\_\_\_\_

**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 on the following page:

Montgomery County Revised May 2025  
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) \_\_\_\_\_

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

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