

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 _____ regarding the following minor child(ren):

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

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

☐ The parties 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:

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

The Court's Assignment Office will contact counsel and/or parties to set the next hearing date and a Notice of Hearing will follow.

**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.

a. Child's Name: _____		Place of Birth: _____	
Date of Birth: _____		Sex: <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.
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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: _____