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 a shared parenting plan or a change in the designation of the sole residential parent and legal custodian. 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 PARENTAL RIGHTS AND RESPONSIBILITIES (CUSTODY) AND MEMORANDUM IN SUPPORT

1. I, _____ (name), request this Court change the allocation of

parental rights and responsibilities (custody) Order filed on this date _____ (filed date) regarding the following minor child(ren): _____

Name of Child	**Date of Birth**

2. Select one:

☐ _____ (name) is currently designated as the residential parent and/or legal custodian of the children and resides in the _____ School District.

☐ The parents now have a Shared Parenting Plan.

3. 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:

_____

4. I request that the Court change the existing 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

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

DR-10 (7/24)

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

CASE NO. _____

_____
PLAINTIFF/PETITIONER (1)

Address: _____

SETS NO. _____

_____

JUDGE: PETRELLA / 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 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	**T ON TH N O A**
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.

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**

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)		***DEFENDANT/PETITIONER (2)***
☐YES ☐NO	Available through employment	☐YES ☐NO
☐YES ☐NO	Other Group Plan	☐YES ☐NO
_____	Insurance Company Name	_____
	Address	
_____		_____
_____	Policy Number	_____
$ _____ per month	Employee Cost (Indicate "0" if no cost to party)	$ _____ 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 _____

COURT OF COMMON PLEAS
DOMESTIC RELATIONS DIVISION
MONTGOMERY COUNTY, OHIO

_____ Case No. _____
Plaintiff/Petitioner

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:** ☐ **Male** ☐ **Female**

Date of Residence	Check if Confidential	Person(s) With Whom Child Lived (name and address)	Relationship
_____ to present	☐ Address Confidential?	_____	_____
	☐ 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.

Date of Residence		Check if Confidential	Person(s) With Whom Child Lived (name and address)	Relationship
_____	to present	☐ Address Confidential?	_____ _____	_____
_____	to _____	☐ Address Confidential?	_____ _____	_____
_____	to _____	☐ Address Confidential?	_____ _____	_____
_____	to _____	☐ 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.

Date of Residence		Check if Confidential	Person(s) With Whom Child Lived (name and address)	Relationship
_____	to present	☐ Address Confidential?	_____ _____	_____
_____	to _____	☐ Address Confidential?	_____ _____	_____
_____	to _____	☐ Address Confidential?	_____ _____	_____
_____	to _____	☐ 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.

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

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:

_____

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:

. **ocation of A sent arents.**
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.

. **sta lishment or Ad ustment of Child upport and edical upport.**
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.

. **nforcement of xisting Orders.**
The CSEA can help you collect current and past-due child support.

. **ederal and tate ncome Tax efund Offset u mittals for the Collection of Child upport Arrearages.**
The agency can collect past-due support (arrearages) by intercepting a payor's federal and state income tax refunds in some cases.

. **ithholding of ages and nearned ncome for the a ment of Court Ordered upport.**
The agency can help you get payroll deductions for current and past-due child support and can intercept unemployment compensation to collect child support.

. **sta lishment of aternit .**
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.

. **Collection and is ursement of a ments.**
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.

. **nterstate Collection of Child upport.**
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: _____ ☐ Single ☐ Married

Relationship to Children: _____ ☐ Divorced ☐ Separated

Military Service (Branch, Dates): _____ Ever been on Public Assistance? (When and Where) _____

EMPLOYER INFORMATION

Employer Name: _____ Employer Phone #: _____

Employer Address: _____ Is Medical Insurance Available? _____

_____

	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: _____

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