JENNIFER JOHNSON

Guernsey County Clerk of Court

Complaint for Parentage, Allocation of Parental Rights and Responsibilities, and Parenting Time

Court Cost Deposit: $250.00
The original plus three (3) additional copies is required when filed.

Important Information to File

If you do not already have a child support order and you are not living with the other parent, first go to CSEA and get an order of child support **before** filing your petition for dissolution. You will NOT be allowed to file without the order.

Basic Forms included in this Packet

1. SC Form 23: Complaint for Parentage, Allocation of Parental Rights and Responsibilities, and Parenting Time
2. SC Form 31: Request for Service
3. M-2: Personal Identifier Form
4. D-1: Financial Affidavit and Health Insurance Form
5. D-3: Parenting Proceeding Affidavit
6. SC Form 5: Motion & Affidavit for Temporary Orders **without** Oral Hearing, if needed.
7. D-4: Notice of Filing Title IV-D Services
8. D-5: Application for Title IV-D Services
9. D-18: Application for Waiver of Filing Fee & Financial Disclosure-Fee Waiver Affidavit (if applicable)

A COPY OF BIRTH CERTIFICATES OF ALL MINOR CHILDREN in this Complaint.

Residency Requirements to File in Guernsey County

- You must be a resident of the State of Ohio for 6 months.
- You must be a resident of Guernsey County for 90 days

IN THE COURT OF COMMON PLEAS

DOMESTIC **DIVISION**

GUERNSEY **COUNTY, OHIO**

IN THE MATTER OF:

_____
A Minor

_____ Case No. _____
Name

_____ Judge _____
Street Address

_____ Magistrate _____
City, State and Zip Code

Plaintiff

vs.

_____
Name

_____
Street Address

_____
City, State and Zip Code

Defendant

WARNING: This form is not a substitute for the benefit of the advice of legal counsel. It is highly recommended that you consult an attorney.

Instructions: This form is used to establish parentage of the child(ren), be designated as the residential parent, or obtain parenting time (companionship and visitation) with the child(ren). A Request for Service (Uniform Domestic Relations Form 31), a Parenting Proceeding Affidavit (Uniform Domestic Relations Form - Affidavit 3) and an Affidavit of Basic Information, Income and Expenses (Uniform Domestic Relations Form - Affidavit 1) must be filed with this Complaint. The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file. **YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES.**

COMPLAINT FOR PARENTAGE, ALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES (CUSTODY), AND PARENTING TIME (COMPANIONSHIP AND VISITATION)

Now comes Plaintiff and states as follows:

1. Plaintiff is a parent of the following child(ren):

Name of Child	Date of Birth

2. Defendant, _____ (name) is a parent of the following child(ren):

Name of Child	Date of Birth

3. The child(ren) has/have resided in _____ County, Ohio since _____ (date).

4. A parent-child relationship has been established for the following child(ren):

Name of Child	Date of Birth	Established by
		☐ Acknowledgement of Paternity ☐ Administrative Order ☐ Court Order
		☐ Acknowledgement of Paternity ☐ Administrative Order ☐ Court Order
		☐ Acknowledgement of Paternity ☐ Administrative Order ☐ Court Order
		☐ Acknowledgement of Paternity ☐ Administrative Order ☐ Court Order

5. A parent-child relationship has not been established for the following child(ren):

Name of Child	Date of Birth

6. ☐ No Court has issued an order of parenting or support for the following child(ren):

Name of Child	Date of Birth

☐ The following child(ren) is/are subject to an existing order of parenting or support of another Court:

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

7. Plaintiff requests that the Court: (*check all that apply*)

☐ Order genetic testing and determine the parent of the child(ren).

☐ Designate _____ (parent's name) as the parent of the child(ren) _____ _____(child(ren)'s name).

☐ Change the child(ren)'s name to _____. _____

☐ Correct the child(ren)'s birth certificate(s) to indicate the child(ren)'s parent.

☐ Adopt the proposed Shared Parenting Plan which is attached.

☐ Adopt the proposed Parenting Plan which is attached.

☐ Designate the residential parent and legal custodian of the child(ren).

☐ Order reasonable parenting time (companionship or visitation).

☐ Order child support, allocate the income tax dependency exemption, and determine who should provide health insurance coverage for the child(ren).

☐ Order the Ohio Department of Health to prepare (a) new birth certificate(s) for the child(ren).

☐ Other: (*specify*) _____

_____
Attorney or Self Represented Party Signature

_____
Printed Name

_____
Address

_____
City, State, Zip

_____
Phone Number

_____
Fax Number

_____
E-mail

_____
Supreme Court Reg No. (if any)

IN THE COURT OF COMMON PLEAS

DOMESTIC **DIVISION**

GUERNSEY **COUNTY, OHIO**

IN THE MATTER OF:

_____
A Minor

_____ Case No. _____
Name

_____ Judge _____
Street Address

_____ Magistrate _____
City, State and Zip Code

Plaintiff/Petitioner 1

vs./and

_____
Name

_____
Street Address

_____
City, State and Zip Code

Defendant/Petitioner 2/Respondent

WARNING: This form is not a substitute for the benefit of the advice of legal counsel. It is highly recommended that you consult an attorney.

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. The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file. **YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES.**

REQUEST FOR SERVICE

TO THE CLERK OF COURT:

Please serve the following documents: (*check all that apply*)

☐ Complaint for Divorce with Children

- ☐ Complaint for Divorce without Children
- ☐ Complaint for Parentage, Allocation of Parental Rights and Responsibilities
- ☐ Petition for Dissolution
- ☐ Motion and Affidavit or Counter Affidavit for Temporary Orders
- ☐ Motion for Change of Parental Rights and Responsibilities (Custody)
- ☐ Motion for Change of Parenting Time (Companionship and Visitation)
- ☐ Motion for Change of Child Support, Medical Support, Tax Exemption, or Other Child-Related Expenses
- ☐ Motion for Contempt and Affidavit
- ☐ Separation Agreement
- ☐ Parenting Plan
- ☐ Shared Parenting Plan
- ☐ Affidavit of Income and Expenses
- ☐ Affidavit of Property
- ☐ Parenting Proceeding Affidavit
- ☐ Health Insurance Affidavit
- ☐ Explanation of Health Care Bills
- ☐ Agreed Judgment Entry
- ☐ Other: (*specify*) _____

Please serve the following parties with the above marked documents:

☐ Defendant/Petitioner 2/Respondent at

_____(address) by:

- ☐ Certified Mail, Return Receipt Requested
- ☐ Issuance to Sheriff of _____ County, Ohio for ☐ Personal or ☐ Residence service
- ☐ Other: (*specify*) _____

☐ Plaintiff/Petitioner 1 at

_____(address) by:

- ☐ Certified Mail, Return Receipt Requested
- ☐ Issuance to Sheriff of _____ County, Ohio for ☐ Personal or ☐ Residence service
- ☐ Other: (*specify*) _____

☐ _____County Child Support Enforcement Agency at

_____(address) by:

- ☐ Certified Mail, Return Receipt Requested
- ☐ Issuance to Sheriff of _____ County, Ohio for ☐ Personal or ☐ Residence service
- ☐ Other: (*specify*) _____

☐ Other _____ at

_____(address) by:

☐ Certified Mail, Return Receipt Requested

☐ Issuance to Sheriff of _____ County, Ohio for ☐ Personal or ☐ Residence service

☐ Other: (*specify*) _____

SPECIAL INSTRUCTIONS TO SHERIFF:

_____

_____

_____

_____
Attorney or Self Represented Party Signature

_____
Printed Name

_____
Address

_____
City, State, Zip

_____
Phone Number

_____
Fax Number

_____
E-mail

_____
Supreme Court Reg No. (if any)

Print Form

In the Court of Common Pleas
Guernsey County, Ohio

_____
Plaintiff/Petitioner 1

CASE NO. _____

vs.

PERSONAL IDENTIFIER FORM

_____
Defendant/Petitioner 2

Pursuant to Ohio Rule of Superintendence 45(D)(1): 'When submitting a case document to a Court or filing a case document with a Clerk of Court, a party to a judicial action or proceeding shall OMIT personal identifiers from the document. Pursuant to Ohio Rule of Superintendence 44(H), *"personal identifiers"* means social security numbers, except for the last four digits; financial account numbers, including but not limited to debit card, charge card, and credit card numbers; employer and employee identification numbers; and a juvenile's name in an abuse, neglect, or dependency case, except for the juvenile's initials or a generic abbreviation such as "CV" for "child victim."

The following information is considered to be the confidential "personal identifiers" in this case, which will then be omitted from other documents filed in this case.

NAME OF PLAINTIFF/PETITIONER	**NAME OF DEFENDANT/PETITIONER**
_____	_____
SSN: _____	SSN: _____
DOB: _____	DOB: _____
Number of Marriages: _____	Number of Marriages: _____
Financial Account Information	**Financial Account Information**
_____	_____
_____	_____
_____	_____

CHILDREN (for more than three children, add additional page)**:**

Name	Date of Birth	Social Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attorney: _____ Attorney: _____

In the Court of Common Pleas
Guernsey County, Ohio
Domestic Division

_____
(Plaintiff/Petitioner)

vs. CASE NO. _____

_____
(Defendant/Petitioner)

FINANCIAL AFFIDAVIT ORIGINAL ACTIONS (DR1)

_____ (Affiant) being duly sworn says:

PART A – CASE INFORMATION

	PLAINTIFF/PETITIONER 1	DEFENDANT/PETITIONER 2
FULL NAME		
Address		
Telephone		
DOB		
Date/Place of Marriage		
Number of Marriage(s)		

PART B – ANNUAL INCOME

	PLAINTIFF/ PETITIONER	DEFENDANT/ PETITIONER
Employer/Income Source		
Employer Address		
Gross Annual Income		
Gross annual overtime/bonuses		
Gross annual unemployment benefits		
Gross annual worker's compensation		
Gross annual interest of dividends		
Other		
TOTAL GROSS ANNUAL INCOME		
Income tax actually paid out		
F.I.C.A.		
Mandatory retirement plan		
Union dues		
TOTAL ANNUAL DEDUCTIONS		
TOTAL NET ANNUAL INCOME		

PART C – DEPENDENT INFORMATION

List each minor child of this marriage with DOB of each child.

DO NOT INCLUDE CHILDREN NOT OF THIS ACTION OR STEP CHILDREN.

Child's name	Date of Birth	SSN	Where Child Resides

PART D - ACTUAL EXPENSES PER MONTH

	PLAINTIFF/PETITIONER 1	DEFENDANT/PETITIONER 2
1. Housing		
2. Utilities		
3. Insurance		
a. Auto		
b. Life		
c. Health		
4. Uninsured medical/dental		
5. Clothing		
6. Groceries/household sup		
7. Transportation		
8. Work-related child care		
9. Child support paid out		
10. Ex-spouse support paid		
11. Loans/Creditors		
TOTAL MONTHLY EXPENSES		

PART E - ASSETS

List all assets owned by each party-marital or separate property

Description	Owned By:	Value
Cash and Funds on Deposit (do not use account numbers)		
Real Property Address:		
Tangible Personal Property: (Include all titled vehicles; household goods and furnishings)		
Pensions, profit-sharing plans, I.R.A.s		
Stocks, bonds and other securities		
Other:		
Other:		

PART F - DEBTS

List all debts by each party, marital or separate debt (include installment debts listed in Part D)

DO NOT INCLUDE ACCOUNT NUMBERS

Creditor	Marital or Separate	Security	Installment	Balance Due

PART G - GROUP HEALTH INSURANCE FOR MINOR CHILDREN

If minor children are involved in this action; answer the following questions about availability, cost and coverage for the minor children.

If no minor children DO NOT complete Part G.

Insurance	Plaintiff/Petitioner 1	Defendant/Petitioner 2
Available through Employer	Yes ☐ No ☐	Yes ☐ No ☐
Available Non Employer	Yes ☐ No ☐	Yes ☐ No ☐
Name of Insurance Company		
Address of Insurance Co.		
Group Policy Number		
Cost to you per year		
Summarize Benefits		
Deductibles		
Co-Payments		
HMO		
Comprehensive		
Major Medical		
Dental		
Optical		
Other		

_____
Plaintiff/Petitioner 1

Sworn to and subscribed before me this _____ day of _____, 20 ____.

_____
Notary Public

_____
Defendant/Petitioner 2

Sworn to and subscribed before me this _____ day of _____, 20 ____.

_____
Notary Public

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

Plaintiff/Petitioner 1

vs./and

Defendant/Petitioner 2/Respondent

Case No. _____

Judge _____

Magistrate _____

Instructions: Check local court rules to determine when this form must be filed. By law, this affidavit must be filed and served with any Complaint, Petition or Motion regarding the allocation of parental rights and responsibilities, parenting time, custody, or visitation. 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 Name)

ONLY CHECK THE FOLLOWING BOX IF YOU BELIEVE THAT THE HEALTH, SAFETY, OR LIBERTY OF YOURSELF OR YOUR CHILD(REN) WOULD BE JEOPARDIZED BY THE DISCLOSURE OF YOUR ADDRESS OR IDENTIFYING INFORMATION. YOU ACKNOWLEDGE THAT THE COURT MAY CONDUCT A HEARING REGARDING THE BASIS FOR YOUR REQUEST.

☐ Pursuant to R.C. 3127.23(D), I allege that my health, safety, or liberty or that of my child(ren) would be jeopardized by the disclosure of identifying information to my spouse or the public. Therefore, I request that my address be placed under seal. I have marked the corresponding box next to each address I am requesting to be sealed.

1. (Number): _____ Minor child(ren) is/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 ☐ M ☐ F**
Date of residence	Address Confidential	Person child lived with (name and address)		Relationship
_____ to present	☐	_____ _____		_____
_____ to _____	☐	_____ _____		_____

_____ to _____	☐	_____ _____	_____
_____ to _____	☐	_____ _____	_____

b. Child's name _____	**Place of birth** _____	**Date of birth** _____	**Sex ☐ M ☐ F**

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

Date of residence	Address Confidential	Person child lived with (name and address)	Relationship
_____ to present	☐	_____ _____	_____
_____ to _____	☐	_____ _____	_____
_____ to _____	☐	_____ _____	_____
_____ to _____	☐	_____ _____	_____

c. Child's name _____	**Place of birth** _____	**Date of birth** _____	**Sex ☐ M ☐ F**

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

Date of residence	Address Confidential	Person child lived with (name and address)	Relationship
_____ to present	☐	_____ _____	_____
_____ to _____	☐	_____ _____	_____
_____ to _____	☐	_____ _____	_____
_____ to _____	☐	_____ _____	_____

d. Additional children are listed on Attachment 1(d). (Provide requested information for additional children on an attachment labeled 1(d).)

2. **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.

Explain: _____

_____

a. Name of each child: _____

b. Type of case: _____

c. Court and State: _____

d. Date and court order or judgment (if any): _____

3. **Information** about custody case(s): **(*Check only one box*)**

☐ I **HAVE NO INFORMATION** of any 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 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, other than listed in Paragraph 2.

Explain: _____

_____

a. Name of each child: _____

b. Type of case: _____

c. Court and State: _____

d. Date and court order or judgment (if any): _____

4. **Information about criminal convictions:**

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/COUNTY/STATE	CHARGE

5. Persons not a party to this case: (*Check only one box*)

☐ I **DO NOT KNOW OF ANY PERSON** not a party to this case who has 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: _____

6. I understand that I have a continuing duty to advise this Court of any custody, visitation, parenting time, divorce, dissolution of marriage, separation, neglect, abuse, dependency, guardianship, parentage, termination of parental rights, or protection order from domestic violence case concerning the children about whom information is obtained during this case.

OATH OR AFFIRMATION
(*Do not sign until Notary Public is present*)

I, (print name)_____, swear or affirm that I have read this Affidavit and, to the best of my knowledge and belief, the facts and information stated in this Affidavit 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

STATE OF _____)
) SS
COUNTY OF _____)

Sworn to or affirmed before me by _____this _____day of _____,_____.

_____
Signature of Notary Public

_____
Printed Name of Notary Public

Commission Expiration Date: _____

(Affix seal here)

PRINT

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

_____ Case No. _____
Plaintiff
Judge _____

vs.

Magistrate _____

_____
Defendant

WARNING: This form is not a substitute for the benefit of the advice of legal counsel. It is highly recommended that you consult an attorney.
Instructions: Check local court rules to determine when this form must be filed. This form is used to request temporary orders in your divorce or legal separation case. After a party serves a Motion and Affidavit, the other party has 14 days to file a Counter Affidavit and serve it on the party who filed the Motion. The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file. **If more space is needed, add additional pages.**

MOTION AND AFFIDAVIT OR COUNTER AFFIDAVIT FOR TEMPORARY ORDERS WITHOUT ORAL HEARING

Check one box below to show whether you are filing a (A) Motion and Affidavit or (B) Counter Affidavit.

☐ **(A) Motion and Affidavit**

_____ (name), the Movant, files this Motion and Affidavit under Civ.R. 75(N) and/or under R.C. 3109.043 to request the temporary orders checked here.

Check only those that apply.

_____ Residential parenting rights (custody)
_____ Parenting time (companionship or visitation)
_____ Child support
_____ Spousal support (if married)
_____ Payment of debts and/or expenses

THE OTHER PARTY HAS FOURTEEN (14) DAYS FROM THE DATE ON WHICH THIS MOTION IS SERVED TO FILE A COUNTER AFFIDAVIT AND SERVE IT UPON THE PARTY WHO FILED THE MOTION. (*See below*)

☐ **(B) Counter Affidavit**

Movant files this Counter Affidavit in response to a Motion and Affidavit.

Complete the following information, whether filing Motion and Affidavit or Counter Affidavit.
(*Check all that apply)*

1. ☐ The parties are living separately.
Date of separation is _____.

☐ The parties are living together.

☐ The parties have no minor children. (*Skip to number 6*)

☐ The parties have (a) minor child(ren) who was/were born from or adopted during this relationship. (*List child(ren) here*)

Name	**Date of birth**	**Living with**

☐ In addition to the above child(ren),

Movant has _____ other biological or adopted minor child(ren).

Other party has _____ other biological or adopted minor child(ren).

There is/are _____ adult(s) in Movant's household.

2. Movant's child(ren) attend(s) school in:

☐ _____ public school district

☐ Other: (*Explain*) _____

☐ All children do not attend school in the same district. (*Explain*)

_____

_____

3. ☐ Movant requests to be named the temporary residential parent and/or legal custodian of the child(ren): (*Specify child(ren) if request is not for all child(ren)*)

_____

_____

☐ Movant does not object to the other parent or party being named the temporary residential parent and/or legal custodian of the child(ren): (*Specify child(ren) if request is not for all child(ren)*)

_____

_____

4. ☐ Movant has reached an agreement regarding parenting time (companionship or visitation) with the other parent or party as follows:

_____

_____

_____

☐ Movant wishes to exercise the following parenting time (companionship or visitation):

_____

_____

_____

☐ Movant wishes for the other parent or party to exercise the following parenting time (companionship or visitation):

_____

_____

_____

☐ Movant requests that the other parent or party's parenting time (companionship or visitation) be supervised: (*Explain the reason for request*.)

_____

_____

_____

Name of an appropriate supervisor _____

5. ☐ A Court or agency has made a child support order concerning the child(ren).

Name of Court/Agency _____

Date of Order _____

SETS No. _____

6. Movant requests the Court to order the other parent or party to pay:

☐ $_____ child support per month

☐ $_____ spousal support per month (only if married)

☐ $_____ attorney fees, expert fees, Court costs

☐ The following debts and/or expenses:

_____

_____

☐ Other: _____

_____

_____

7. ☐ Movant is willing to attend mediation.

☐ Movant is not willing to attend mediation.

8. ☐ Movant requests the following Court services. (*See local rules of Court for available services.)*

_____

_____

State specific reasons why Court services are required.

_____

_____

_____
Attorney or Self Represented Party Signature

_____
Printed Name

_____
Address

_____
City, State, Zip

_____
Phone Number

_____
Fax Number

_____
E-mail

_____
Supreme Court Reg No. (if any)

OATH OR AFFIRMATION

I, (print name)_____, swear or affirm that I have read this Affidavit and, to the best of my knowledge and belief, the facts and information stated in this Affidavit are true, accurate, and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

_____
Signature

STATE OF _____)
) SS
COUNTY OF _____)

Sworn to or affirmed before me by _____this _____day of _____, _____.

NOTICE OF HEARING

(*Check with local Court to obtain a hearing date and time and for scheduling procedure*)

You are hereby given notice that this Motion for Temporary Orders will come before the Court for consideration on Affidavits only, without oral testimony, before Judge/Magistrate _____, at _____ a.m./p.m. on _____, 20_____.

CERTIFICATE OF SERVICE

(*Check the boxes that apply*)

I delivered a copy of the: ☐ Motion and Affidavit or ☐ Counter Affidavit

On: (Date) _____ , 20 _____

To: (Print name of other party's attorney or, if there is no attorney, print name of the party)

_____

At: (Print address or fax number) _____

_____

By:

- ☐ As instructed in the Request for Service (Uniform Domestic Relations Form 31/Uniform Juvenile Form 10) filed with the Clerk of Courts
- ☐ Regular U.S. Mail
- ☐ Fax
- ☐ Hand Delivery
- ☑ Other: _____

_____

Signature

Print Form

In the Court of Common Pleas
Guernsey County, Ohio
Domestic Division

_____ Case No.: _____
Plaintiff

vs. Notice of Filing Title IV-D Application

_____
Defendant

Pursuant to Local Rule 19.04(A)(3), the party below has provided an Application and Release for IV-D services for the Clerk of Courts to provide to Guernsey County Child Support Enforcement Agency. The same is NOT to be made part of the court file.

Filed by: ☐ Plaintiff ☐ Defendant

s/_____
Printed Name: _____
Counsel for: _____
Sup. Ct. Reg. #: _____
Address: _____
_____
Phone: _____
Fax: _____

RELEASE FOR TITLE IV-D SERVICES APPLICATION

LOCAL COURT RULE 19.04(A)(3)

Name: _____

Address: _____

_____

Phone: _____

I request support enforcement services from the Guernsey County Child Support Enforcement Agency, under Title IV-D of the Social Security Act, for support orders issued by the Common Pleas Court of Guernsey County, Ohio.

I hereby authorize my attorney to release any information necessary for these services to the Child Support Enforcement Agency and authorize that Agency to release information to my attorney.

Attorney Name: _____ Ohio Attorney Registration Number: _____

_____
Signature

Dated: _____

CLERK TO FORWARD TO CSEA W/APPLICATION

_____
Plaintiff/Petitioner-1

vs. Case No.: _____

_____
Defendant/Petitioner-2/Respondent

APPLICATION FOR CHILD SUPPORT SERVICES
NON-PUBLIC ASSISTANCE APPLICANT/RECIPIENT

Applicant Name: _____

Applicant Address: _____

_____

IMPORTANT: If you are receiving ADC or Medicaid, do not complete this application because you become eligible for child support services when you signed the ADC/Medicaid application.

I, _____, request Child Support Services from the Guernsey County CSEA (Child Support Enforcement Agency). I understand and agree to the following conditions:

A. I am a resident of Guernsey County.

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.

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 recipients' 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 Services Only",** if the sole need is to find the whereabouts of the absent parent.

2. **Establishment or Modification of Child Support and Medical Support.**
   The CSEA can assist you in obtaining 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 (modification), and to establish a medical support order.

3. **Enforcement of Existing Orders.**
   The CSEA can help you collect current and back child support.

4. **Federal and State Income Tax Refund Offset Submittals for the Collection of Child Support Arrearage.**
   The agency can assist in collecting back support (arrearage) by intercepting a non-payor's federal and state income tax refunds on 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 back 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.

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. Back support collected will be paid to you until all of the back 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: _____ ☐ Single ☐ Married

Relationship to Children: _____ ☐ Divorced ☐ Separated

Military Service: _____ Ever been on Public Assistance? _____

(Branch, Dates): _____ (When and Where?)_____

_____ _____

EMPLOYER INFORMATON

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-Services).

Signature of Applicant: _____ Date: _____

In the Court of Common Pleas
Guernsey County, Ohio
General Division

_____ Case No.: _____

Plaintiff/Petitioner 1

Judge/Magistrate: _____

vs.

_____

Defendant/Petitioner 2

APPLICATION FOR WAIVER OF DEPOSIT

I,_____, being first duly sworn and cautioned, depose and state as follows:

1. I am the Plaintiff in the above-captioned case.
2. I do not have the funds or assets to pay the costs of the deposit or to pay for an attorney to represent me. If sufficient funds do become available to me in the future, I am willing to pay the costs at that time.
3. I therefore request that I be allowed to proceed in this matter without prepayment of costs.
4. I understand that the Court may assess the costs of this action at the conclusion of the case and that the costs may be assessed against me.

_____

Affiant *(Sign in front of Notary)*

STATE OF OHIO, COUNTY OF_____, SS:

Sworn to before me and signed in my presence this _____ day of_____, 20___.

_____

Notary Public

In the Court of Common Pleas
Guernsey County, Ohio
General Division

_____ Case No.: _____

Plaintiff/Petitioner 1

Judge/Magistrate: _____

vs.

_____

Defendant/Petitioner 2

FINANCIAL DISCLOSURE AND FEE-WAIVER AFFIDAVIT

Pursuant to R.C. 2323.311, the below-named Applicant requests that the Court determine that the Applicant is an indigent litigant and be granted a waiver of the prepayment of costs or fees in the above captioned matter. The Applicant submits the following information in support of said request.

Personal Information

Applicant's First Name | Applicant's Last Name

Applicant's Date of Birth | Last 4 Digits of Applicant's SSN

Applicant's Address

Other Persons Living in your Household

First Name	Last Name	Is this person a child under 18?	Relationship (Spouse or Child)
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

Public Benefits

I receive the following public benefits and my gross income, including the cash benefits marked below, does not exceed 187.5% of the federal poverty guidelines.

Place an "X" next to any benefits you receive.

Ohio Works First: _____ SSI: _____ Medicaid: _____ Veterans Pension Benefit: _____ SNAP/Food Stamps: _____

Monthly Income

I am NOT able to access my spouse's income ☐

	Applicant	Spouse (IF Living in Household)	Total Monthly Income
Gross Monthly Employment Income, Including Self-Employment Income (Before Taxes)	$_____	$_____	$_____
Unemployment, Workers Compensation, Spousal Support (if receiving)	$_____	$_____	$_____
		TOTAL MONTHLY INCOME	$_____

Liquid Assets

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

Monthly Expenses

Column A		Column B	
Type of Expense	**Amount**	**Type of Expense**	**Amount**
Rent, Mortgage, Property Tax, Insurance	**$**	Insurance (Medical, Dental, Auto, etc.)	**$**
Food, Paper Products, Cleaning Products, Toiletries	**$**	Child Support or Spousal Support that you Pay	**$**
Utilities (Heat, Gas, Electric, Water/Sewer, Trash)	**$**	Medical/Dental Expenses or associated costs of caring for a Sick or Disabled Family Member	**$**
Transportation/Gas	**$**	Credit Card, Other Loans	**$**
Phone	**$**	Taxes Withheld or Owed	**$**
Child Care	**$**	Other (e.g. garnishments)	**$**
Total Column A Expenses	**$**	**Total Column B Expenses**	**$**

TOTAL MONTHLY EXPENSES (Column A + Column B) $_____

I,_____ ***(Print Name)***, hereby certify that the information I have provided on this financial disclosure form is true to the best of my knowledge and that I am unable to prepay the costs or fees in this case.

_____
Signature

STATE OF OHIO, COUNTY OF_____, **SS:**

Sworn to before me and signed in my presence this _____ day of_____, 20___.

_____
Notary Public

In the Court of Common Pleas
Guernsey County, Ohio
General Division

_____ Case No. _____

Plaintiff/Petitioner 1

vs. **JUDGMENT ENTY: DEPOSIT WAIVER**

_____

Defendant/Petitioner 2

☐ Upon the request of the Applicant and the Court's review, the Court finds that the Applicant IS an indigent litigant and **GRANTS** a waiver of the prepayment of costs or fees in this matter. Pursuant to R.C. 2323.311(B)(3), upon the filing of a civil action or proceeding and the affidavit of indigency under division (B)(1) of this section, the clerk of the court shall accept the action, motion, or proceeding for filing.

☐ Upon the request of the Applicant and the Court's review, the Court finds that the Applicant is NOT an indigent litigant and **DENIES** a waiver of the prepayment of costs or fees in this matter. Applicant is granted thirty (30) days from the issuance of this Order to make the required advance deposit or security. Failure to do so within the time allotted may result in dismissal of the applicant's filing.

IT IS SO ORDERED.

_____

Judge / Magistrate

[Effective: April 15, 2020]