

**In the Common Pleas Court of Montgomery County, Ohio**  
**Juvenile Division**  
(Pro Se)

**In re:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

**Case No:** \_\_\_\_\_

**SETS No:** \_\_\_\_\_

**Judge:** \_\_\_\_\_

**Magistrate:** \_\_\_\_\_

Petitioner/Plaintiff: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone # \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

**Petition for  
Custody/Visitation or  
Support Modification**

**VS.**

Respondent/Defendant: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone # \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

3<sup>rd</sup> Party Respondent: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone # \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

**Please answer the following questions**

1. What is your relationship to this child?

\_\_\_\_\_

2. If you are not the child's natural parent, where are the child's parents? \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone No: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Legal Father? Yes \_\_\_ No \_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

3. Who has legal custody of this child? Who does the law recognize as the child's legal custodian?

\_\_\_\_\_

4. How was this legal custody determined. Where?

\_\_\_\_\_

5. Who does the child live with? \_\_\_\_\_

6. If the child lives with you, how did the child come to live with you?

\_\_\_\_\_

7. Besides wanting custody/visitation/Modification of Support, what else would you like the Court to do for you in regards to this child?

\_\_\_\_\_

8. Why do you want this? Why did you file this petition?

\_\_\_\_\_

9. Has any other court (i.e. Domestic Relations) made any decisions or orders in regard to this child, including prior support orders?

\_\_\_\_\_

10. If yes, what decision/Order was made? (include the SETS#)

\_\_\_\_\_

11. The child should be in my custody or visit with me, or support should be modified because;

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WHEREFORE**, the Petitioner(s) request(s) this Court to grant an award of Custody/Visitation/Modification of Support of the said minor pursuant to Ohio Revised Code SS2151.23 (A)(2) and 3109.21, and for other relief as may be necessary.

\_\_\_\_\_  
Petitioner's Signature

\_\_\_\_\_  
Petitioner's Signature

\_\_\_\_\_  
Print or type Name

\_\_\_\_\_  
Print or type Name

**Sworn to and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.**

\_\_\_\_\_  
**Commission expires**  
**Notary Public**

**FORM 2**  
**IN THE COMMON PLEAS COURT OF MONTGOMERY COUNTY, OHIO**  
**JUVENILE DIVISION**

Case No.: \_\_\_\_\_

SETS: \_\_\_\_\_

\*

Judge: \_\_\_\_\_

IN RE: \_\_\_\_\_

Magistrate: \_\_\_\_\_

**CHILD CUSTODY AFFIDAVIT**  
**(LIST OF CHILD'S ADDRESSES)**

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I, the Petitioner/Plaintiff being duly sworn, state the following answers to the questions set out herein relevant to the physical custody and/or residence of the minor child:

1. **State the places were the child lived** within the last five (5) years, and the names and address of the person(s) whom the child lived during that period:
  - a. \_\_\_\_\_  
(child's present address) \_\_\_\_\_ (who is the child living with)  
from (what date) \_\_\_\_\_ to (what date) \_\_\_\_\_
  - b. \_\_\_\_\_  
(previous address) \_\_\_\_\_ (who did the child live with)  
from (what date) \_\_\_\_\_ to (what date) \_\_\_\_\_
  - c. \_\_\_\_\_  
(previous address) \_\_\_\_\_ (who did the child live with)  
from (what date) \_\_\_\_\_ to (what date) \_\_\_\_\_
2. Do you know of any litigation anywhere in which custody of this child is an issue? \_\_\_\_\_
3. State any other information you have about any custody proceeding concerning the child pending in a court in this or any other state. Include the case number, the name of the court and the address of the court. \_\_\_\_\_  
\_\_\_\_\_
4. State the name and address of any person, not a party to the proceedings, who has physical possession of the child or who claims to have custody or visitation rights with the child.
5. **Circle correct answer.** I have/have not been convicted of or pleaded guilty to any criminal offense involving any act that resulted in a child being an abused and/or neglected.
6. **Circle correct answer.** I have/have not been determined to be the perpetrator of an abusive or neglectful act which was the basis for an adjudication of any child as abused or neglected.

I understand that I have a continuing duty to inform the Court of any custody proceeding concerning the child in this or any other state from which I obtain information during this proceeding.

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Petitioner

Sworn to and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_

**APPLICATION FOR CHILD SUPPORT SERVICES  
NON-PUBLIC ASSISTANCE APPLICANT**

**IMPORTANT:** If you are receiving ADC or Medicaid, do **not** complete this application, because you became eligible for child support services when you became eligible to receive ADC or Medicaid.

I the undersigned, \_\_\_\_\_ request Child Support Services from the \_\_\_\_\_ County Child Support

Enforcement Agency. I understand and agree to the following conditions:

- A. I am a resident of the County in which services are requested.
- B. Recipients of child support services shall cooperate to the best of their ability with the CSEA. *(See attached rights and responsibility information).* The Child Support Enforcement Agency can assist you in providing the following services:

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 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 (*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 Arrearages.** The agency can assist in collecting back support (*arrears*) 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. 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. Back support collected will be paid to you until all of the back support you are owed is paid.

If you received ADC in the past and support was assigned to the state, back support collected will be paid to the state after you receive back support owed to you.

**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.

**C.** The only fee you can be charged for services is a one dollar application fee. Some counties pay this fee for the applicants.

**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.

**APPLICANT INFORMATION (INFORMATION ABOUT YOU)**

Name	Date of Birth
Social Security Number (SSN)	Current Marital Status (Check One) <input type="checkbox"/> Single <input type="checkbox"/> Married      Divorced <input type="checkbox"/> Separated <input type="checkbox"/> <input type="checkbox"/> Deserted <input type="checkbox"/> Widowed

**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
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Applicants Name ( <i>Last, First, Middle</i> )	Telephone Number ( <i>Home</i> )
Address ( <i>Street/Route, P.O. Box</i> )	( <i>Work</i> )

City, State, Zip Code

**INFORMATION ON CHILDREN**

	Child 1	Child 2	Child 3	Child 4
a. Name				
b. Sex				
c. SSN				
d. Date of Birth (DOB)				
e. Name(s) of Absent Parent				
f. Has Paternity (Fatherhood) Been Established?				
g. Is There An Order For Support <input type="checkbox"/> Yes <input type="checkbox"/> No				

**ABSENT PARENT INFORMATION OR PARENT ORDERED TO PAY CHILD SUPPORT**

	Absent Parent #1	Absent Parent #2	Absent Parent #3
Name			
Address (City, State, Zip Code)			
SSN			
Date of Birth (DOB)			
Name of Employer			
Address of Employer (City, State, Zip Code)			
Amount of Support Ordered (Wk, Bi-Wk, Mo)			
Case Number on Support Order			
Date of Support Order			
Location Where Order Was Issued (City, County, State)			
Military Service Give Date and Branch Entered			
Arrest Record: Give Date and Place of Arrest			
If the absent parent has been on Public Assistance: Give Date and Place			
Give Name and Address of Current Spouse of Absent Parent			

• Have you ever been on public assistance?  Yes  No

When ( <i>Date</i> )	Where ( <i>City and State</i> )	County
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**FOR AGENCY USE ONLY**

Case Name	Date Requested	Date Mailed or Provided
Case Number	Date Returned or File Date	

FORM 3

MONTGOMERY COUNTY COMMON PLEAS COURT  
JUVENILE DIVISION - CLERK'S OFFICE  
303 W. Second Street, Dayton, Ohio 45402

INSTRUCTIONS FOR SERVICE

IN RE: \_\_\_\_\_ J.C. No. \_\_\_\_\_

\_\_\_\_\_,  
Plaintiff

\_\_\_\_\_,  
Defendant

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PLEASE ISSUE SERVICE TO:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

VIA:  PERSONAL  RESIDENTIAL  REGULAR MAIL  CERTIFIED MAIL

Name: \_\_\_\_\_

Address: \_\_\_\_\_

VIA:  PERSONAL  RESIDENTIAL  REGULAR MAIL  CERTIFIED MAIL

Name: \_\_\_\_\_

Address: \_\_\_\_\_

VIA:  PERSONAL  RESIDENTIAL  REGULAR MAIL  CERTIFIED MAIL

Name: \_\_\_\_\_

Address: \_\_\_\_\_

VIA:  PERSONAL  RESIDENTIAL  REGULAR MAIL  CERTIFIED MAIL

LIST ALL DCOUMENTS TO BE SERVED:

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

Name: \_\_\_\_\_

Attorney for

FORM 4

RELEASE OF INFORMATION

MONTGOMERY COUNTY JUVENILE COURT  
303 W. Second Street  
Dayton, Ohio 45422-4240  
Henry N. Kuntz, Judge  
Anthony Capizzi, Judge

JC# \_\_\_\_\_  
Minor's Name: \_\_\_\_\_

Petitioner's Name: \_\_\_\_\_  
Petitioner's Name: \_\_\_\_\_  
SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

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We are requesting information regarding any contacts your department has had with the above named individual. Will you please check your records, as soon as possible, and return this form with whatever information is available.

Thank you for your prompt reply.

**PETITIONER/PLAINTIFF (CHECK ONE)**

This record information is being requested for the following reason:

- Application for custody
- Application for visitation
- Employment with the Criminal Justice Agency or Licensing authorized by statute
- Criminal Justice purpose: Investigation, Disposition, Rehabilitation

\_\_\_\_\_  
Court Administrator

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

IN THE COMMON PLEAS COURT OF MONTGOMERY COUNTY, OHIO  
JUVENILE DIVISION

In Re: \_\_\_\_\_

CASE#

\_\_\_\_\_

JUDGE

\_\_\_\_\_

MAGISTRATE

**Petitioner**

\_\_\_\_\_

NOTICE OF HEARING

\_\_\_\_\_

**Defendant**

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This matter will come on for a hearing before Magistrate/Judge \_\_\_\_\_ at  
14 W. Fourth Street, 8<sup>th</sup> Floor, Dayton, Ohio 45422, on \_\_\_\_\_ at  
\_\_\_\_\_AM/PM, on the foregoing petition for custody.

\_\_\_\_\_  
**JUDGE/MAGISTRATE**

**If a background check is required for your filing .**

The cost is \$15.00 for the BCI check and an additional fee of \$24.00 may be required if an FBI check is needed. You must present a valid driver's license or state I.D. with you at this time also.

**Note:** an additional fee may be required for the fingerprint card.

*Please present a paid receipt to:*

**Adult Probation (Juvenile Division)**

**Mr. Charles Hester  
First Floor- Room 114  
Juvenile Court Building**

**Tuesday & Wednesday's**

Tuesday 1:30pm-3:45pm and Wednesday 9am-11am