

# **DIRECTIONS FOR A PETITION FOR CUSTODY, VISITATION AND/OR SUPPORT**

## **FORM 1: PETITION**

1. At the top of the page where it says "IN RE": print/type the child's full name.
2. Print the child's birth date where it says Date of Birth.
3. Where it says SSN, put the child's social security number.
4. Print your name where it says "Petitioner" and complete the information
5. Print the name of the person who currently has legal custody of the child by "Respondent". Where it says "3<sup>rd</sup> Party Respondent", put in the name of any other person that has legal custody of the child and complete all information.
6. If there is a SETS number put it in the space provided. There is a SETS number if someone has been ordered to pay child support for this child through the Support Enforcement Agency (SEA).
7. Answer all questions.
8. You MUST sign in front of a Notary Public.

## **FORM 2: STATEMENT OF INCOME EXPENSES & HEALTH INSURANCE**

This information must be completed in all cases where custody may change, and support and health insurance for the child must be decided.

## **FORM 3: CHILD CUSTODY AFFIDAVIT**

1. At the top of the page where it says "IN RE", put the child's name, date of birth and social security number.
2. You are the "Petitioner". Put your name in all places where it says "Petitioner".
3. Answer questions completely and truthfully. Be sure to include the city, state, and zip code when appropriate.
4. You MUST sign in front of a Notary Public

## **FORM 4: APPLICATION FOR IV-D SERVICES**

1. This Form is required to be completed where child support may be an issue.
2. Answer questions completely and truthfully. Be sure to include the city, state, and zip code when appropriate.
3. You MUST sign in front of a Notary Public

## **FORM 5: INSTRUCTIONS FOR SERVICE** (Service is notification to the other parties)

1. At the top of the page, print the child's name where it says "IN RE"
2. Print your name in "Petitioner" and print the Respondent's name on the line "Respondent".
3. In the blank lines after "Please issue service to", you need to write the name address, city, state, and zip code of the Petitioner and any other person listed as the Respondent.
4. Check certified mail and regular mail.
  - a.) All Respondents must be either served personally or through residential service with the petition and other documents.
  - b.) When the certified mail is returned to the Clerks Office, they will send you notification as to the outcome of the service.
    - \* If the service is returned with a bad address you will need to find the correct address and re-issue the Petition and other documents through certified mail.
    - \* If the service is "unclaimed" you will need to go to the Clerks Office and re-issue service through regular mail.

**THERE WILL BE ADDITIONAL CHARGES IF THERE IS A RE-ISSUE OF SERVICE**  
**YOU WILL BE NOTIFIED BY MAIL OF YOUR HEARING'S DATE IN THE**  
**PAPERWORK YOU HAVE SERVED.**

## **FORM 6: RELEASE OF INFORMATION**

A release of information is required for anyone petitioning for custody. A background check MUST be completed before the first hearing.

1. At the top of the page, print the child's name where it says "IN RE"
2. Print the Petitioner's name and complete all information requested. A "Release of Information" form MUST be completed by each petitioner
3. Check if you are petitioning for custody, visitation or both
4. Sign and Date the form

## **FORM 7: NOTICE OF HEARING**

1. At the top of the page, print the child's name where it says "IN RE"
2. Print your name in Petitioner and print the Respondent's name on the line "Respondent"
3. Leave the remaining information blank

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

[FORM 1]

IN RE: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
SSN: \_\_\_\_\_

\*  
\*  
\*

Case No. \_\_\_\_\_  
SETS No. \_\_\_\_\_

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

Petitioner \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone#: \_\_\_\_\_  
SSN: \_\_\_\_\_ D.O.B. \_\_\_\_\_

\*  
\*  
\*  
\*  
\*

VS.

**PETITION FOR CUSTODY, VISITATION  
OR SUPPORT MODIFICATION**

(mark through any that DO NOT apply)

Respondent \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone#: \_\_\_\_\_  
SSN: \_\_\_\_\_ D.O.B. \_\_\_\_\_

\*  
\*  
\*  
\*

3<sup>rd</sup> Party Respondent \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone#: \_\_\_\_\_  
SSN: \_\_\_\_\_ D.O.B. \_\_\_\_\_

\*  
\*  
\*  
\*

\* \* \* \* \*

**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: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone No: \_\_\_\_\_  
SSN: \_\_\_\_\_ D.O.B. \_\_\_\_\_

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?  
\_\_\_\_\_
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 (for example, Domestic Relations Court) made any decisions or orders in regard to this child (include support orders)?  
\_\_\_\_\_
10. If yes to the last question, what decision / order was made? (Include SETS#)  
\_\_\_\_\_  
\_\_\_\_\_
11. The child should be in my custody or visit with me, or support should be modified because:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHEREFORE, the Petitioner requests this Court to grant an award of Custody / Visitation / support modification of the said minor pursuant to Ohio Revised Code §2151.23 (A)(2) and 3109.21, and for other relief as may be necessary.

\_\_\_\_\_  
[Your Signature] [Your Printed Name]  
Sworn to and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Commission Expires  
Notary Public

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

[FORM 2]

In Re: \_\_\_\_\_  
SSN: \_\_\_\_\_ DOB \_\_\_\_\_

PLAINTIFF/PETITIONER/MOVANT/FATHER/MOTHER  
SSN: \_\_\_\_\_ DOB \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

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

SEA No. \_\_\_\_\_

-vs- / and

DEFENDANT/RESPONDENT/FATHER/MOTHER  
SSN: \_\_\_\_\_ DOB \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

**AFFIDAVIT OF INCOME  
EXPENSES, HEALTH INSURANCE AND  
FINANCIAL DISCLOSURE**

STATE OF OHIO, SS:

Now comes \_\_\_\_\_, affiant herein, and having been duly cautioned and sworn, states that he/she has 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, assets, liabilities and expenses; (2) to assist in determining orders of support when applicable or any changes thereto; (3) to provide for the issuances of the appropriate withholding order for support; and (4) to provide for the issuances of the appropriate health care coverage order(s)

Minor and/or dependent children living in the home

\_\_\_\_\_ age \_\_\_\_; Relationship \_\_\_\_\_  
\_\_\_\_\_ age \_\_\_\_; Relationship \_\_\_\_\_  
\_\_\_\_\_ age \_\_\_\_; Relationship \_\_\_\_\_

**SECTION A. GROSS YEARLY INCOME FROM EMPLOYMENT**

PLAINTIFF/PETITIONER YES \_\_\_ NO \_\_\_ Employed? ..... YES \_\_\_ NO \_\_\_ DEFENDANT/RESPONDENT  
MOVANT/FATHER/MOTHER FATHER/MOTHER

\$ \_\_\_\_\_ (Actual or Estimate) ..... **Base Yearly Wages** ..... (Actual or Estimate) \$ \_\_\_\_\_  
(Indicate if Income is Actual or Estimate)

\$ \_\_\_\_\_ ..... Yearly Average Overtime, Commission & Bonus Income ..... \$ \_\_\_\_\_ (Average of Past Three Years)

\_\_\_\_\_ Employer .....  
\_\_\_\_\_ Payroll Address .....  
\_\_\_\_\_ City, State, Zip .....

12    24    26    52 ..... Scheduled Paychecks Per Year ..... 12    24    26    52

\$ \_\_\_\_\_ ..... Unemployment Benefits ..... \$ \_\_\_\_\_

\$ \_\_\_\_\_ ..... Worker's Compensation ..... \$ \_\_\_\_\_

Social Security or Other  
Disability Benefits

\$ \_\_\_\_\_ ..... List Sources in Section D-2 ..... \$ \_\_\_\_\_

\$ \_\_\_\_\_ ..... Alimony Received ..... \$ \_\_\_\_\_

Interest/Dividend Income

\$ \_\_\_\_\_ ..... List of Source in Section D-2 ..... \$ \_\_\_\_\_

\$ \_\_\_\_\_ ..... Public Assistance ..... \$ \_\_\_\_\_

Other Income Received List Source in Section D-2.....\$ \_\_\_\_\_

PETITIONER/MOVANT/FATHER/MOTHER

DEFENDANT/RESPONDENT/FATHER/MOTHER

ANNUAL INCOME, OVERTIME, COMMISSION AND BONUSES EARNED (Past Three Years)

Table with 4 columns: Base Income, Overtime Commission Bonuses, Base Income, Overtime Commission Bonuses. Rows for years 1, 2, and 3.

ADJUSTMENTS Court Ordered Support Paid

\$ \_\_\_\_\_ per year ..... for other child(ren) ..... \$ \_\_\_\_\_ per year

Court # \_\_\_\_\_ SEA # \_\_\_\_\_

Court Ordered Alimony Paid

\$ \_\_\_\_\_ per year ..... to a Former Spouse ..... \$ \_\_\_\_\_ per year

Domestic Relation # \_\_\_\_\_ SEA # \_\_\_\_\_

Number of Other Dependent Children living with the Party ..... (Excluding Unadopted Step Children)

Child Support Received for Other Dependent Children \$ \_\_\_\_\_ per year ..... Indicated Immediately Above..... \$ \_\_\_\_\_ per year

Health Insurance Premium Paid \$ \_\_\_\_\_ per year ..... by Party if Children Included ..... \$ \_\_\_\_\_ per year

SECTION B. AFFIANT'S MONTHLY EXPENSES

List expenses below for your present household. There are \_\_\_\_\_ adults and \_\_\_\_\_ children in my household.

A. MONTHLY EXPENSES

1. Housing

- Rent or Mortgage (including taxes and insurance) ..... \$ \_\_\_\_\_
Utilities
a. Gas & Electric (level billing or average per month) ..... \$ \_\_\_\_\_
b. Water & Sewer ..... \$ \_\_\_\_\_
c. Basic Telephone (excluding long distance)..... \$ \_\_\_\_\_
d. Trash Collection:..... \$ \_\_\_\_\_
Other: ..... \$ \_\_\_\_\_

HOUSING TOTAL ..... \$ \_\_\_\_\_

2. Other Grocery (include food, laundry & cleaning products/toiletries etc)

- Gasoline & Oil ..... \$ \_\_\_\_\_
Car Repairs ..... \$ \_\_\_\_\_
Insurance: (life/auto/renter's) ..... \$ \_\_\_\_\_
Medical (not covered by insurance) ..... \$ \_\_\_\_\_
Clothing ..... \$ \_\_\_\_\_
Other ..... \$ \_\_\_\_\_

OTHER MONTHLY EXPENSES TOTAL ..... \$ \_\_\_\_\_

**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	BALANCE DUE	MONTHLY PAYMENT
_____	_____	_____	\$ _____
<b>MONTHLY TOTAL.....</b>			<b>\$ _____</b>
<b>GRAND TOTAL MONTHLY EXPENSES.....</b>			<b>\$ _____</b>

**SECTION C. 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.)

*PLAINTIFF/PETITIONER/MOVIANT/FATHER MOTHER*                      *DEFENDANT/PETITIONER/FATHER/MOTHER*

\_\_\_\_\_ YES \_\_\_\_\_ NO .....Available through employment ..... \_\_\_\_\_ YES \_\_\_\_\_ NO

\_\_\_\_\_ YES \_\_\_\_\_ NO .....Other Group Plan ..... \_\_\_\_\_ YES \_\_\_\_\_ NO

\_\_\_\_\_ Insurance Company Name \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Policy Number \_\_\_\_\_

\$ \_\_\_\_\_ per year / month (individual) Employee Cost    \$ \_\_\_\_\_ per year / month (individual)

\$ \_\_\_\_\_ per year / month (family) (Indicate "0" if no cost to party)    \$ \_\_\_\_\_ per year / month (family)

(Indicate "0" if available at no cost to party)

**COVERAGES**

(Summarize health care benefits, i.e., major medical only, deductible, co-payments, health maintenance organization, etc.)

_____	_____
_____	_____
_____	_____
_____	_____

**SECTION D. FINANCIAL DISCLOSURE**

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 ("IRA"), stock option, etc. Attach additional pages if needed.

Name and address of Financial Institution	Account No.	Name(s) on Account	Balances date of this Affidavit
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Other income sources listed in Section A (i.e., retirement/pension benefits, disability income, interests or dividend income, rentals, annuities, etc, not listed in Section D-1) Attach additional pages if needed.

Name and Address of Source	Identifying Description (Account No., Claim No., etc.)	Income or Benefits
_____	_____	\$ _____ per _____

SECTION E. OTHER ASSETS AND LUMP SUM INCOME

Describe assets of more than \$1,000 in value not otherwise listed in this affidavit. Attach additional pages if needed.

(a) _____	Value \$ _____
(b) _____	Value \$ _____
(c) _____	Value \$ _____

List any lump sum income (bonus, gifts, inheritance, etc) in excess of \$500, expected to be received within the next six months, not otherwise listed in this affidavit. Attach additional pages if needed.

Source: \_\_\_\_\_ Value \$ \_\_\_\_\_  
 Address: \_\_\_\_\_

Affiant states that the information contained herein is complete and accurate to the best of his/her information, knowledge or belief under penalty of law.

\_\_\_\_\_  
Attorney for

\_\_\_\_\_  
 Affiant \_\_\_ Plaintiff/Petitioner/Movant/Father/Mother  
 \_\_\_ Defendant/Respondent/Father/Mother

Sworn to and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
 Commission Expires  
 Notary Public



**APPLICATION FOR CHILD SUPPORT SERVICES  
NON-PUBLIC ASSISTANCE APPLICANT [Form 4]**

**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:

**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 (Last, First, Middle)	Telephone Number (Home)
Address (Street/Route, P.O. Box)	(Work)

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 (Date)	Where (City and State)	County
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**FOR AGENCY USE ONLY**

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

**MONTGOMERY COUNTY COMMON PLEAS COURT  
JUVENILE DIVISION - CLERK'S OFFICE  
380 West Second Street, Dayton, Ohio 45422  
[FORM 5]**

**INSTRUCTIONS FOR SERVICE**

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

J.C. No. \_\_\_\_\_

\_\_\_\_\_,  
Petitioner

\_\_\_\_\_,  
Respondent

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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:**

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

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

**MONTGOMERY COUNTY COMMON PLEAS COURT**  
**JUVENILE DIVISION**  
**380 West Second Street, Dayton, Ohio 45422**  
Judge Nick Kuntz  
Judge Anthony Capizzi  
[Form 6]

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

Case#: \_\_\_\_\_

Petitioner \_\_\_\_\_

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

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

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

SSN: \_\_\_\_\_ D.O.B. \_\_\_\_\_

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I am 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.  
JAMES D. COLE  
COURT ADMINISTRATOR

\*\*\*\*\*

This record information is being requested for the petitioner in the above case, for the following reason(s):

The Petitioner is:

\_\_\_\_\_ Applying for Custody

\_\_\_\_\_ Applying for Visitation

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

\_\_\_\_\_  
Date

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

[FORM 7]

IN RE: \_\_\_\_\_ \* Case No. \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ \* SETS No. \_\_\_\_\_  
SSN: \_\_\_\_\_ \*  
  
Judge: \_\_\_\_\_  
Magistrate: \_\_\_\_\_

\_\_\_\_\_  
Petitioner \*  
  
\_\_\_\_\_ \*  
Respondent

**NOTICE OF HEARING**

\*\*\*\*\*

This matter will come on for a hearing before Magistrate \_\_\_\_\_,  
on \_\_\_\_\_, at \_\_\_\_\_ AM / PM on the foregoing  
petition for custody / visitation and/or support. The hearing will be held at the Juvenile Justice Center, 380  
West Second Street, Mezzanine Level, Dayton, Ohio 45422.

IT IS SO ORDERED.

\_\_\_\_\_  
MAGISTRATE