

GREENE COUNTY JUVENILE COURT
Juvenile Court Face Sheet

CHILD INFORMATION:

Name _____

Last

First

Middle

Child also known as _____

Last

First

Middle

SSN: _____ DOB: _____ Gender: _____ Race: _____

Birth City/State: _____

Before Removal of Child (if applicable):

Current Address _____ City/State _____

School and Grade: _____ School District: _____

BIOLOGICAL PARENT INFORMATION:

Mother's Name

Last

First

Middle

Also known as _____

Last

First

Middle

Address: _____

Number/Street

City/State

Zip

Phone Number: _____ SSN: _____

DOB: _____ Gender: _____ Race: _____ Custody Type: _____
(legal, shared parenting, shared custody)

Mother's Marital Status: _____ Interpreter Needed: yes no

(married, divorced, never married, etc ...) Language: _____

Father's Name

Last

First

Middle

Also known as _____

Last

First

Middle

Address: _____

Number/Street

City/State

Zip

Phone Number: _____ SSN: _____

DOB: _____ Gender: _____ Race: _____ Custody Type: _____
(legal, shared parenting, shared custody)

Father's Marital Status: _____ Interpreter Needed: yes no

(married, divorced, never married, etc ...) Language: _____

CUSTODIAN: (person with legal custody of the child other than biological parent)

Name _____
Last First Middle

Also known as _____
Last First Middle

Address: _____
Number/Street City/State Zip

Phone Number: _____ SSN: _____

DOB: _____ Gender: _____ Race: _____ Custody Type: _____
(legal, shared parenting, shared custody)

Custodian's Marital Status: _____ Interpreter Needed: yes no
(married, divorced, never married, etc ...)

Language: _____

PERSON FILING COMPLAINT OR MOTION:

Name _____
Last First Middle

Also known as _____
Last First Middle

Address: _____
Number/Street City/State Zip

Phone Number: _____ SSN: _____

DOB: _____ Gender: _____ Race: _____

Marital Status: _____ Interpreter Needed: yes no
(married, divorced, never married, etc ...)

Language: _____ Interpreter needed for: _____

Legal Relationship to child: _____

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

IN THE MATTER OF:

Case No.

Child's Name

SETS No.

Judge Adolfo Tornichio

Complaint for Legal Custody

Now comes, the Plaintiff, _____, and brings this action seeking custody of the minor child _____, born _____. Plaintiff comes before the Court pursuant to Ohio Revised Code Section 2151.23 (A)(2) and 3109.04 and seeks an order from the Court granting he/she custody of the minor child.

Plaintiff offers the following memorandum in support.

MEMORANDUM

Plaintiff comes before the Court on his/her Complaint for Custody and avers the following:

1. No other Court has determined custody for the minor child. Pursuant to Ohio Revised Code Section 2151.23 (A)(2) this Court may determine custody of the child because he/she is not a ward of another court of this State.
2. Defendant, _____, is the natural _____ of the minor child and resides at _____.
3. Defendant, _____, is the natural _____ of the minor child and resides at _____.
4. The minor child _____, currently resides at _____, with _____.
5. It is in the best interest of the child to be placed into the legal custody of the Complainant because

6. Plaintiff requests that the Court grant him/her legal custody of the minor child and issues orders regarding parenting time for the Defendant,____; award to Plaintiff child support; and allocate all other parental rights and responsibilities including, but not limited to health insurance and tax exemption.

WHEREFORE, Plaintiff respectfully request an Order from this Court allocating legal custody of the minor child to the Plaintiff,_____, and for such other relief to which he/she may be entitled in law or in equity.

**IN THE COMMON PLEAS COURT, GREENE COUNTY OHIO
JUVENILE DIVISION**

PARENTING PROCEEDING AFFIDAVIT (R.C. 3127.23(A))

Affidavit of _____
(Type 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 this marriage. You must list the residences for all places where the children have lived for the last **FIVE** years.

a. Child's Name:	Place of Birth:		
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
<u>Period of Residence</u>	<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived</u> <small>(name & address)</small>	<u>Relationship</u>
_____ to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____

b. Child's Name:

Place of Birth:

Date of Birth:

Sex: Male Female

Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

<u>Period of Residence</u>		<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name & address)	<u>Relationship</u>
_____	to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____	to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____	to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____	to _____	<input type="checkbox"/> Address Confidential?	_____	_____

c. Child's Name:

Place of Birth:

Date of Birth:

Sex: Male Female

Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

<u>Period of Residence</u>		<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name & address)	<u>Relationship</u>
_____	to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____	to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____	to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____	to _____	<input type="checkbox"/> Address Confidential?	_____	_____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CHILDREN, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

3. Participation in custody case(s): (Check only one box.)

- I **HAVE NOT** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of, or visitation (parenting time), with any child subject to this case.
- I **HAVE** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of, or visitation (parenting time), with any child subject to this case. For each case in which you 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 CUSTODY CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

4. **Information about other civil case(s) that could affect 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 CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

5. **Information about criminal case(s):**

List all of the criminal convictions, including guilty pleas, for you and the members of your household for the following offenses: any criminal offense involving acts that resulted in a child being abused or neglected; any domestic violence offense that is a violation of R.C. 2919.25; any sexually oriented offense as defined in R.C. 2950.01; and any offense involving a victim who was a family or household member at the time of the offense and caused physical harm to the victim during the commission of the offense.

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

IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES, 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 claim(s) 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: _____

**GREENE COUNTY JUVENILE COURT
AFFIDAVIT OF INCOME AND EXPENSES**

State of Ohio

Case No. _____

County of Greene, ss:

_____, being first duly cautioned and sworn, hereby states that the following information is true to the best of my knowledge.

Name of child for which child support is being determined: _____

Affiant's Name: _____

Address: _____ Apt.# _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Employer's Name: _____

Employer's Address: _____

Hourly Wage: _____ Date Employment Commenced: _____

Annual Gross Income: _____ # of Pay Periods Per Year: _____

Attached hereto are copies of my three (3) most recent pay stubs

Amount of Overtime and Bonuses:

Last Calendar Year: _____

Two Years Ago: _____

Three Years Ago: _____

All others Sources of income (interest, dividends, unemployment compensation, workers compensation, etc.):

Source: _____ Amount: _____

Source: _____ Amount: _____

Amount of Local, City, School District Taxes, Etc.: _____

Annual Court-Ordered support paid for other children: _____

Name of Court, Case Caption, and Case Number for said Order: _____

Any non-means-tested benefits, including social security and veteran's benefits, paid to and received by a child or a person on behalf of the child due to death, disability, or retirement of the parent.

Monthly Benefit Amount _____ Source of Benefit _____

Mandatory work-related deductions such as union dues, uniform fees, etc. (Please identify)

Name and Location of Day Care: _____

Annual Cost of Day Care: _____

Name of Health Insurer: _____ Policy No. _____

Monthly Cost of Health Insurance Premiums to add child(ren) to Insurance Plan: _____

Minor Child(ren) living with me, which is/are my natural child(ren) and the child(ren) of another parent (not the child(ren) who is/are the subject of this case.)

Name of Child: _____ Age: _____

Name of Child: _____ Age: _____

Name of Child: _____ Age: _____

Annual Child Support received for said child(ren): _____

Annual Court-Ordered spousal support (alimony) paid to former spouse: _____

Name of Court, Case Caption, and Case Number for said order: _____

Self-employed individuals must attach a copy of Schedule C of IRS Form 1040.

Affiant's Signature

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

Notary Public/Deputy Clerk

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

CASE NO:

INSTRUCTIONS FOR SERVICE

TO THE CLERK:

Please serve

(Name of Person to be served)

with a copy of the

(Name of complaint or motion being filed)

and the Notice of Hearing/Summons at the following address:

(Address to serve the paperwork)

by the following method:

Certified mail – included in \$95.00 filing fee

Personal service by Greene County Sheriff \$20.00; other counties \$30.00

Personal service by private process server, to wit:

Signature

Note: If more than one party needs to be served, complete instructions for each party.