



**Instructions for Service**

Please serve the following party with a copy of this complaint and notice of the hearing by certified mail at the following address:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

X \_\_\_\_\_  
Signature of Complainant

Reviewed by \_\_\_\_\_, Deputy Clerk

**\*\* Must provide the following 2 items along with this Complaint if it is an Administrative Order: A copy of the decision form #7526 and a copy of your Administrative order from CSEA.**



**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 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.

<b>a.</b>	<b>Child's Name:</b>	<b>Place of Birth:</b>	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
	<b>Date of Birth:</b>			
	<u>Period of Residence</u>	<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived</u> <small>(name &amp; 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.**