

- (f) Requires Respondent to provide financial support for Petitioner and the other family or household members named in this Petition.
 - (g) Requires Respondent to complete batterer counseling, substance abuse counseling, or other counseling as determined necessary by the Court.
 - (h) Requires Respondent to refrain from entering, approaching, or contacting (by any means) the residence, school, business, and place of employment of or approaching or contacting (by any means) Petitioner and the family or household members named in this Petition.
 - (i) Requires Respondent to permit Petitioner or other family or household member to have exclusive use of the following motor vehicle: _____
 - (j) Includes the following additional provisions: _____
5. Petitioner further requests that the Court issue an *ex parte* (emergency) protection order under R.C. 3113.31(D) and (E) and this Petition.
6. Petitioner further requests that the Court issue no mutual protection orders or other orders against Petitioner unless all of the conditions of R.C. 3113.31(E)(4) are met.
7. Petitioner further requests that if Petitioner has a victim advocate, the Court permit the victim advocate to accompany Petitioner at all stages of these proceedings as required by R.C. 3113.31(M).
8. Petitioner further requests that the Court grant such other relief as the Court considers equitable and fair.
9. Petitioner lists here all present court cases and pertinent past court cases (including civil, criminal, divorce, juvenile, custody, visitation, and bankruptcy cases) that relate to the Respondent, you, your children, your family, or your household members:

CASE NAME	CASE NUMBER	COURT/COUNTY	TYPE OF CASE	RESULT OF CASE

I hereby swear or affirm that the answers above are true, complete, and accurate to the best of my knowledge. I understand that falsification of this document may result in a contempt of court finding against me which could result in a jail sentence and fine, and that falsification of this document may also subject me to criminal penalties for perjury under R.C. 2921.11.

DO NOT SIGN THIS FORM UNLESS YOU ARE IN FRONT OF THE PERSON WHO WILL NOTARIZE THE PETITION FOR YOU.

SIGNATURE OF PETITIONER

Sworn to and subscribed before me on this _____ day of _____, _____

NOTARY PUBLIC

IF YOU ARE REQUESTING YOUR ADDRESS REMAIN CONFIDENTIAL, DO NOT WRITE YOUR ADDRESS ON THIS FORM. PLEASE PROVIDE ANOTHER MAILING ADDRESS WHERE YOU CAN SAFELY RECEIVE NOTICES FROM THE COURT. THIS FORM IS A PUBLIC RECORD.

Petitioner's Safe Address:

Signature of Attorney for Petitioner (if applicable)

Name of Attorney (if applicable)

Attorney's Address

City, State, Zip Code

Attorney's Registration Number

Attorney's Telephone

Attorney's Fax

Attorney's Email

IN THE _____ DOMESTIC RELATIONS _____ COURT
 _____ GREENE _____ COUNTY, OHIO

 Petitioner : Case No. _____
 :
 :
 v. : Judge: _____ HURLEY
 :
 :
 _____ : **INFORMATION FOR PARENTING
 PROCEEDING AFFIDAVIT (R.C. 3127.23(A))**
 Respondent :

NOTE: By law, an affidavit **must** be filed and served with the first pleading filed by each party in every parenting (custody/visitation) proceeding in this Court. Therefore, an affidavit must be filed with a Petition for Domestic Violence Civil Protection Order if children are involved. Each party has a continuing duty while this case is pending to inform the Court of any parenting proceeding concerning the children in any other court in this or any other state. **If more space is needed, attach an additional page.**

I (full legal name) _____, being sworn according to law, certify these cases involve the custody of a child or children and the following statements are true:

1. I am requesting the Court to not disclose my current address or that of the children. My address is confidential pursuant to R.C. 3127.23(D) and should be placed under seal in that the health, safety, or liberty of myself and/or the children would be jeopardized by the disclosure of the identifying information.

2. (Number): _____ **Minor child/children is/are subject to this case as follows:**

(Insert the information requested below. The residence information must be given for the last 5 years.)

a. Child's name		Place of birth	Date of birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Period of residence	<input type="checkbox"/> Address Confidential	Person child lived with (name & address)		Relationship
to present	<input type="checkbox"/>			
to	<input type="checkbox"/>			
to	<input type="checkbox"/>			
to	<input type="checkbox"/>			

Case No. _____

b. Child's name		Place of birth	Date of birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Period of residence	<input type="checkbox"/> Address Confidential	Person child lived with (name & address)		Relationship
to present	<input type="checkbox"/>			
to	<input type="checkbox"/>			
to	<input type="checkbox"/>			
to	<input type="checkbox"/>			

c. Child's name		Place of birth	Date of birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Period of residence	<input type="checkbox"/> Address Confidential	Person child lived with (name & address)		Relationship
to present	<input type="checkbox"/>			
to	<input type="checkbox"/>			
to	<input type="checkbox"/>			
to	<input type="checkbox"/>			

d. Additional children are listed on Attachment 2(d). (Provide requested information for additional children on an attachment labeled 2d.)

3. **Participation in custody case(s): (check only one)**

- 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:

Case No. _____

- a. Name of each child _____
- b. Type of case _____
- c. Court and State _____
- d. Date of court order or judgment (if any): _____

4. **Information about custody case(s): (check only one)**

- I HAVE NO INFORMATION** of any cases that could affect the current case, 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 any child subject to this case, other than listed in Paragraph 3. Explain:

- a. Name of each child _____
- b. Type of case _____
- c. Court and State _____
- d. Date of court order or judgment (if any): _____

5. 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 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/STATE/COUNTY	CHARGE

6. **Persons not a party to this case: (check only one)**

- 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 and address of person _____
 has physical custody claims custody rights claims visitation rights.
 Name of each child _____

b. Name and address of person _____
 has physical custody claims custody rights claims visitation rights.
 Name of each child _____

Case No. _____

c. Name and address of person _____
has physical custody claims custody rights claims visitation rights.
Name of each child _____

7. 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 from domestic violence case concerning the children in this state or any other state about which information is obtained during this case.

OATH OF AFFIANT

I hereby swear or affirm that the answers above are true, complete, and accurate to the best of my knowledge. I understand that falsification of this document may result in a contempt of court finding against me which could result in a jail sentence and fine, and that falsification of this document may also subject me to criminal penalties for perjury under R.C. 2921.11.

DO NOT SIGN THE FORM UNLESS YOU ARE IN FRONT OF THE PERSON WHO WILL NOTARIZE THE PARENTING PROCEEDING AFFIDAVIT FOR YOU.

AFFIANT

Sworn to and subscribed before me on this _____ day of _____

NOTARY PUBLIC

PLEASE FILL THIS OUT WITH PHYSICAL ADDRESS OF RESPONDENT

Case Number: _____

REQUEST FOR SERVICE

TO THE CLERK OF COURTS:

PLEASE REQUEST THE GREENE COUNTY SHERIFF TO PERSONALLY SERVE THE RESPONDENT WITH THE PETITION FOR RELIEF FROM DOMESTIC VIOLENCE AND ANY EXPARTE ORDERS.

You are instructed to make personal service upon the Respondent: _____

at: _____
(Address, city, state, zip) OR WHEREVER THEY MAY BE FOUND.

The best time of day to serve the Respondent at the above address is: _____

MUST BE SAME COUNTY

If the Respondent cannot be reached at the above address, you may be able to serve the

Respondent at: _____
(Address, city, state, zip)

Special Instructions for server:

(Please sign your name.)

CASE NAME: _____ **CASE NO.:** _____

RESPONDENT'S NAME: _____
(Last) (First) (MI.)

SSN _____ Height _____ Hair Color _____ Race _____

DOB _____ Weight _____ Eye Color _____ Disabilities _____

DISTINGUISHING MARKS, SCARS, TATTOOS:

ADDRESS: _____

TELEPHONE NUMBERS:

HOME _____ WORK _____

CELL _____ -

PAGER _____

EMPLOYER: _____

ADDRESS: _____

WORK DAYS: _____

WORK HOURS: _____

VEHICLE: Year _____ Make _____ Model _____ Color _____

INTAKE SHEET

(Please fill out all information even if it is confidential. This will not be filed)

CASE #: _____

Petitioner's Name: _____

Address: Confidential/not confidential (circle one):

Phone Number: (H) _____ (W) _____

(C) _____ (Other) _____

SSN: _____ **Race:** _____

DOB: _____ **Place of Work:** _____

Emergency contact: _____ **Relationship:** _____

Phone Number: _____

.....

Respondent's Name: _____

Phone Number: (H) _____ (W) _____

(C) _____ (other) _____

Race: _____ **Place of Work:** _____

.....

Internal Use Only:

Petitioner's Attorney: _____ Respondent's Attorney _____

Magistrate/Judge: _____