



IN THE COMMON PLEAS COURT OF GREENE COUNTY, OHIO
JUVENILE DIVISION
Judge Amy H. Lewis

JUVENILE COURT INFORMATION SHEET

Are / Were the parents of the child ever married to each other? Yes ____ No ____

SETS # (child support tracking number, if applicable): _____

1. CHILD INFORMATION (child this Complaint/Motion is being filed on):

Name: _____
Last Name First Name Middle Name

Date of Birth: _____ SSN (if known): _____ Gender: _____ Race: _____

Birth City & State: _____

Child's Current Residence (Street Address, City, State, Zip):

School District: _____ Grade Level: _____

2. FILING PARTY INFORMATION (person filing the complaint or motion):

Full Name: _____
Last Name First Name Middle Name

Also Known As: _____
Last Name First Name Middle Name

Relationship to the child (mother/father/grandparent, etc.): _____

Mailing address: (Street Address, City, State, Zip):

Social Security Number: _____ Date of Birth: _____

Email Address: _____ Cell Phone #: _____

Native Language: _____ Interpreter Needed? Yes _____ No _____

3. BIOLOGICAL PARENT INFORMATION (MOTHER):

Mother's Full Name: _____
Last Name First Name Middle Name

Mailing address: (Street Address, City, State, Zip):

Social Security Number: _____ Date of Birth: _____

Email Address: _____ Cell Phone #: _____

Native Language: _____ Interpreter Needed? Yes _____ No _____

4. BIOLOGICAL PARENT INFORMATION (FATHER):

Father's Full Name: _____
Last Name First Name Middle Name

Mailing address: (Street Address, City, State, Zip):

Social Security Number: _____ Date of Birth: _____

Email Address: _____ Cell Phone #: _____

Native Language: _____ Interpreter Needed? Yes _____ No _____

5. CUSTODIAN INFORMATION (person with legal custody of the child):

Full Name: _____
Last Name First Name Middle Name

Check option below if information already provided above and skip to next question:

Filing Party ___ Biological Mother ___ Biological Father ___

Mailing address: (Street Address, City, State, Zip):

Social Security Number: _____ Date of Birth: _____

Email Address: _____ Cell Phone #: _____

Native Language: _____ Interpreter Needed? Yes _____ No _____

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

In the Matter of:

Case No. _____

Motion for Emergency Custody

Now comes, the Plaintiff,

, and brings this action seeking

emergency 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 him/her emergency custody of the minor child. Plaintiff offers the following memorandum in support.

Print and Sign name

Date

Phone Number

Rev. 3/1/2021

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

IN THE MATTER OF:

Case No.

Child's Name

SETS No.

Judge Amy H. Lewis

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.

AFFIDAVIT

STATE OF OHIO)
)
ss: COUNTY OF
GREENE)

_____, being first duly sworn according to law, deposes and says that he/she is the Affiant herein and that the facts contained in the foregoing Complaint for Custody are true and accurate to the best of his/her knowledge.

Affidant

Sworn to before me and subscribed in my presence by the said _____, this _____ day of _____, 20__.

Notary Public

My Commission Expires: _____

CERTIFICATE OF SERVICE

I hereby certify a copy of the foregoing was sent via regular mail on the __ day of _____, 20__, upon _____ at the above-listed address on the date of filing.

IN THE COURT OF COMMON PLEAS

**DIVISION
COUNTY, OHIO**

Plaintiff/Petitioner 1	Case No.	
vs./and	Judge	
Defendant/Petitioner 2/Respondent	Magistrate	

Instructions: Check local court rules to determine when this form must be filed. By law, this affidavit must be filed and served with any Complaint, Petition or Motion regarding the allocation of parental rights and responsibilities, parenting time, custody, or visitation. Each party has a continuing duty while this case is pending to inform the Court of any parenting proceeding concerning the child(ren) in any other court in this or any other state. **If more space is needed, add additional pages.**

PARENTING PROCEEDING AFFIDAVIT (R.C. 3127.23(A))
Affidavit of _____
 (Print Name)

ONLY CHECK THE FOLLOWING BOX IF YOU BELIEVE THAT THE HEALTH, SAFETY, OR LIBERTY OF YOURSELF OR YOUR CHILD(REN) WOULD BE JEOPARDIZED BY THE DISCLOSURE OF YOUR ADDRESS OR IDENTIFYING INFORMATION. YOU ACKNOWLEDGE THAT THE COURT MAY CONDUCT A HEARING REGARDING THE BASIS FOR YOUR REQUEST.

Pursuant to R.C. 3127.23(D), I allege that my health, safety, or liberty or that of my child(ren) would be jeopardized by the disclosure of identifying information to my spouse or the public. Therefore, I request that my address be placed under seal. I have marked the corresponding box next to each address I am requesting to be sealed.

1. (Number): _____ Minor child(ren) is/are subject to this case as follows:

Insert the information requested below for all minor or dependent children of the parties. 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"/> M <input type="checkbox"/> F
_____		_____	_____	
Date of residence	Address Confidential	Person child lived with (name and address)		Relationship
_____ to present	<input type="checkbox"/>	_____ _____		_____
_____ to _____	<input type="checkbox"/>	_____ _____		_____

_____ to _____	<input type="checkbox"/>	_____	_____
_____ to _____	<input type="checkbox"/>	_____	_____

b. Child's name _____	Place of birth _____	Date of birth _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F
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Check this box if the information below is the same as in Section 1(a). Skip to the next question.

Date of residence	Address Confidential	Person child lived with (name and 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
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Check this box if the information below is the same as in Section 1(a). Skip to the next question.

Date of residence	Address Confidential	Person child lived with (name and 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 1(d). (Provide requested information for additional children on an attachment labeled 1(d).)

2. 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.

Explain: _____

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

3. Information about custody case(s): (Check only one box)

- I **HAVE NO INFORMATION** of any 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 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, other than listed in Paragraph 2.

Explain: _____

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

4. Information about criminal convictions:

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.

NAME	CASE NUMBER	COURT/COUNTY/STATE	CHARGE

5. Persons not a party to this case: (Check only one box)

- 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/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: _____

6. 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 order from domestic violence case concerning the children about whom information is obtained during this case.

OATH OR AFFIRMATION
(Do not sign until Notary Public is present)

I, (print name) _____, swear or affirm that I have read this Affidavit and, to the best of my knowledge and belief, the facts and information stated in this Affidavit 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

STATE OF _____)
) SS
COUNTY OF _____)

Sworn to or affirmed before me by _____ this _____ day of _____, _____.

Signature of Notary Public

Printed Name of Notary Public

Commission Expiration Date: _____

(Affix seal here)

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

CASE NO:

INSTRUCTIONS FOR SERVICE

TO THE CLERK:

Check if a Re-Issuance of Service

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 initial filing fee (first attempt)

Personal service by Greene County Sheriff additional
\$40.00; other counties additional \$50.00

Personal service by private process server, to wit:

Regular U.S. Mail pursuant to Civ. R. 4.6 and Juv. R. 16

Registered Mail (international)

Commercial Carrier, Additional deposit required

Signature

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