

Objections to Administrative Order of Support by CSEA

1. Must be filed within thirty (30) calendar days after the Court has approved the order.
2. Must allow time for CSEA paperwork to be filed with the court prior to filing an objection.
3. Filing after thirty (30) days is by motion. There is no filing fee. Service is usually done by notice to the other parties by certified mail.
4. Copies needed by the Court:
 - a. Original and three (3) copies of the objection plus one (1) for each party for service.
 - b. Original and two (2) copies of the Instructions to the Clerk.
 - c. Original and three (3) copies of the Service Request.

JUVENILE COURT HAMILTON COUNTY, OHIO

IN RE: _____

: CASE NUMBER: _____

:
:
:
:
:

MOTION

**OBJECTION TO ADMINISTRATIVE
ORDER OF SUPPORT**

Please be on notice that the within motion will be heard on the ____ day of _____ 20____,
by Judge / Magistrate _____ at the Hamilton County Juvenile Court located at
800 Broadway in Cincinnati, Ohio 45202-1332. Floor # _____.

Name

Address

City State Zip Code
()

Area Code Telephone Number

Certificate of Service

I, _____, certify that I served a copy of the foregoing on the Plaintiff by
_____ at _____.

Date

Signature

HAMILTON COUNTY JUVENILE COURT
SERVICE REQUEST

- WRITTEN REQUEST FOR SERVICE** (Civil)
 PRAECIPE (Delinquent/Criminal)

IN RE: _____ CASE NUMBER: _____

Case Type: _____ Reason for Hearing: _____

Charges: _____

A hearing is scheduled on the _____ day of _____, 20____, at _____ : _____ AM / PM.

Judge / Magistrate: _____ Case Manager: _____

Type of Form: (Summons) (Subpoena) or (Notice) (List one of these selections for each address listed below.)
(Parties) (Witnesses) (Attorney/Parties)

Type of Service: (Regular Mail) (Certified Mail) (Personal Service)
(Usual Service)
(Residential Service) or (Publication) (List one of these selections for each address listed below.)

<u>Type of Form</u>	<u>Type of Service</u>	<u>Name and Complete Address and Zip Code</u>
1. _____	_____	_____ _____ _____
2. _____	_____	_____ _____ _____
3. _____	_____	_____ _____ _____

If I have requested certified mail service, and the service is returned by the U.S. Post Office as Refused or Unclaimed, I request ordinary mail service in accordance with Civ.R. 4.6(C), (D), and (E).

Requested by: _____ Phone: (____) _____

Address: _____
City State Zip