

**HAMILTON COUNTY JUVENILE COURT
HAMILTON COUNTY, OHIO**

In Re: _____

Case No. _____

Judge/Magistrate _____

**NOTICE OF INTENT TO RELOCATE
(ORC 3109.051 (G) (1))**

**If you are requesting a hearing (see #2) do not provide your new residence address.
Do provide an address where you wish to receive notice of your hearing date.**

Relocating Parent's name: _____

Relocating Parent's current address: _____

Street

City

State

Zip Code

Relocating Parent's New Address: _____

Street

City

State

Zip Code

Effective date for new address: _____

Relocating Parent's home telephone number: _____

Relocating Parent's work telephone number: _____

Signature of Relocating Parent

Original Filed with Clerk of Courts
Copies to: Other parent and/or custodian

WARNINGS TO THE RELOCATING PARENT:

- 1) The filing of the Notice of Intent to Relocate **does not** authorize you to relocate a minor child outside the area specified in your Parenting Time Order of the Court, including the provisions of a Shared Parenting Plan. **If you wish to relocate a minor child outside the area specified in your Parenting Time Order, or Shared Parenting Plan, In ADDITION to filing this Notice, you must do one of the following BEFORE relocating:** 1) file a motion for authorization to relocate the minor child(ren) and have that motion granted by the Court: **or** 2) present the Court with an Agreed Entry signed by both parties (and each party's attorney, if applicable) permitting the relocation of the minor child(ren) and have that Agreed Entry approved and signed by the Court. The Court reserves the right to require an oral hearing prior to authorization of an Agreed Entry.
- 2) As provided in Ohio Revised Code Section 3109.051 (G), the Court shall send a copy of this Notice to the other parent of your child(ren), unless they have been convicted of or pleaded guilty to a violation of Ohio Revised Code Section 2919.25 (Domestic Violence) involving a victim, who at the time of the commission of the offense, was a member of this family or household, has been convicted of or pleaded guilty to any other offense involving a household member which resulted in physical harm to the household member, or has been determined to be the perpetrator of the abusive act that is the basis of an adjudication that a child is an abused child. **If you have reason to believe that this Notice should not be sent to the other parent or custodian, you may request a court hearing on only that issue by completing the Motion For Hearing Pursuant to ORC 3109.051(G) (4). The Motion for Hearing must be filed with the Court along with this Notice form.**

If you do not request a court hearing, a copy of this Notice will be sent to the other parent

- 3) If this Notice is sent to the other parent, upon receipt of this Notice, the Court, on its Motion or on the Motion of the other parent, may schedule a hearing with notice to both parties to determine whether it is in the best interests of your minor child(ren) to revise the Parenting Schedule.

**Return this Notice to: Hamilton County Juvenile Court Clerk's Office
800 Broadway, Cincinnati, Ohio 45202**

NOTICE TO THE NON-RELOCATING PARENT:

Pursuant to Ohio Revised Code Section 3109.051(G) (1), upon your receipt of this Notice Of Intent To Relocate, you may file a motion for a hearing to determine whether it is in the best interest of your child(ren) to revise the Parenting Schedule.

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: _____