

INSTRUCTIONS FOR COMPLETION OF A MOTION PACKET

Filing Fees: **\$115.00 New Paternity - \$100.00** – Subsequent Motions filed on Paternity or Support cases.
\$150.00 - Filing for Contempt of Support.
\$165.00 – For **First** filing of Custody or Visitation Contempt, Motions or Modifications.
\$150.00 – For **Subsequent** filings of Custody or Visitation Contempt, Motions or Modifications.

Please use **Black** or **Blue** ink and type or **neatly** print on the forms to prepare your filing documents. Your forms must be completed properly before they can be filed. Your filing will contain a minimum of three forms for motions and contempt filings but motions to modify visitation will require completion of six separate forms. (Ask the Clerk for these forms)

Almost every form has a (**Case Caption**) at the top that is identified as (**In Re :**). For Custody and Visitation issues, list the child or children’s names next to (**In Re:**). For Paternity and Support issues, list the Plaintiff – vs – Defendant (**In Re:**). Example: Jane Doe John Doe

-vs- or -vs-
John Doe Jane Doe

It is usually best to keep the caption the same as when the case was first filed.

Case Numbers, already assigned by the court need to be placed in the upper right corner of each form. Be sure you have the correct case number including the letter (X) or (Z) at the end that designates the assigned judge.

* (1) The **Motion** has the (**In Re :**) and **Case Number** at the top, a title line at the top right under the Case Number and an open area for your narrative complaint or petition. Your title line might be “Modify Support”, “Modify Visitation”, “Contempt of Support” or “Visitation” etc. **In the open area, specify what you are requesting the Court to consider and support your request with your reason for the request to be considered.** Be complete and specific as you address your request.

** (2) **Request and Instructions for Ordinary Mail** (Instructions to Clerk) Please be sure your Case Caption, (In Re :) and Case Number is completed. **Type** or **Print** your name on the line indicated for “Petitioner or Attorney”. **Sign** with your legal Signature and **Date** the lower line and the form is completed.

*** (3) **Service Request**, whenever a motion or complaint is filed on a case, **all parties to the case must be informed of the filing and hearing date.** You have the responsibility of conducting any research necessary to identify the parties and their Complete Addresses including Zip Codes. Make sure the Case Caption (**In Re:**) and Case Number is completed properly. If a future pending court date already exists, complete the day, month, year and time of the hearing and identify the Judge or Magistrate. Leave these lines blank if a pending court date does not exist.

Designate the type of service (**Summons** to a party in the case) (**Notice** to attorneys or parties on support issues) (**Subpoena** to non parties as witnesses at trial) Designate the form of service (Usually **Certified Mail**) Neatly list the complete name and complete address including the zip code for each party to be notified. List your complete name and complete address including zip code and telephone number at the bottom where it says “Requested by”. Any other forms to be included must be completed in a similar format with a complete response to all questions.

After completing your original documents, you are responsible for making copies to be included in your filing.

* **Motion**– Original and a minimum of three (3) copies plus one (1) additional copy for each person to be summoned or notified. (Usually 4 – 5 copies)

** **Request and Instructions for Ordinary Mail**– Original plus a minimum of two (2) copies.

*** **Service Request**– Original plus a minimum of three (3) copies.

**** **Motion/Affidavit For Waiver of Filing Fee** (Form 581) – Original plus two copies plus two copies of your supporting documentation of income qualifications. (Must be **Notarized**) (This form is separate from the packet.)

Deputy Clerks are available to assist with filing questions and accept your filing however they are not attorneys and can not provide answers to legal questions or act as your legal representative. If you do have questions, you may speak to a Deputy Clerk at the Issue Desk or call 513-946-9431.

INSTRUCTIONS AND INFORMATION FOR WRITTEN REQUESTS FOR SERVICE

One of the most important procedures which takes place at the onset of any legal action is the service of process. Unless service is quickly and properly executed, the legal proceedings could be disrupted, delayed or even dismissed. To insure that all parties are properly served, you are charged with the responsibility of using all resources to obtain a correct and complete address as well as requesting proper service of all related parties in a timely fashion.

The following are guidelines for determining the most appropriate method of service. You may want to consult Civil Rule 4 and your attorney is an appropriate resource concerning this topic.

Regular Mail: Requires a complete and accurate address but does not provide any assurance or proof of delivery unless it is returned by the U.S. Postal Service as “Undeliverable”.

Certified Mail: Requires a complete and accurate address and the hearing is not set for at least 28 days to allow ample response time for the return verification. If the certified mail is returned as refused or unclaimed and you did not sign a Waiver of Service, you must request in writing that Ordinary Mail be sent to the same address or provide additional information in writing so service can be resent.

Personal Service: Is one of the quickest ways to obtain service for a hearing as long as you are sure of the residential address or employment address. It is helpful to indicate the times the party is most likely to be present during the daytime hours at the indicated address. Personal Service requires the Sheriff or other approved Process Server to serve the Summons and a copy of the Complaint or Petition only to the named individual (s).

Residential Service: Is also one of the quickest ways to obtain service for a hearing as long as you have a correct and complete address. The Sheriff or an approved Process Server is required to serve the Summons and a copy of the Complaint or Petition to any household member of suitable age.

Publication: Is only appropriate when all other resources are exhausted to identify a correct and deliverable address or all diligent attempts for service have failed. This process requires additional cost and completion of the Affidavit for Service by Publication , in addition to the Service Request,.

Please note that actual notice of a hearing is not a substitute for legal Service of Process. You as a party cannot Serve Process, however it may be effective to give actual notice of the hearing by telling the person or party of the hearing date, time and place of the hearing. You might give them a copy of the Summons along with a copy of the Complaint or Petition.

OTHER RESOURCES

A copy of a Birth Certificate for each child will be required for filing parenting actions. If the petitioner does not have a copy of a birth certificate, they must obtain one by first determining when and where the child was born. Each State and County will have an agency such as Vital Statistics or a Health Department. Local agencies for this court will include:

(Births within the City of Cincinnati)
Cincinnati Health Department
Office of Vital Records
1525 Elm Street
Cincinnati, Ohio 45210
513-352-3120

(Births in Hamilton County-Not Cincinnati)
Hamilton County General Health District
250 William Howard Taft Road
Cincinnati, Ohio 45219
513-946-7804

(State of Ohio Births)
The Ohio Department of Health
P. O. Box 118
Columbus, Ohio 43216-0118
614-466-2531

This sheet is informative only and should be removed prior to your filing.

HAMILTON COUNTY JUVENILE COURT
PERSONAL IDENTIFICATION FORM

CASE NUMBER: _____

1. **Name and Date of Birth** of child or children:

Name: _____ Initials: _____ DOB: _____ Sex: _____ Soc. Sec.: _____

Name: _____ Initials: _____ DOB: _____ Sex: _____ Soc. Sec.: _____

Name: _____ Initials: _____ DOB: _____ Sex: _____ Soc. Sec.: _____

Name: _____ Initials: _____ DOB: _____ Sex: _____ Soc. Sec.: _____

2. **Biological Father's Name:** _____ (Alias Name) _____ DOB: _____

Complete Address: _____ Zip Code: _____

Social Security Number: _____ Phone Number: (_____) _____

Employer & Address: _____

3. **Biological Mother's Name:** _____ (Maiden/Alias Name) _____ DOB: _____

Complete Address: _____ Zip Code: _____

Social Security Number: _____ Phone Number: (_____) _____

Employer & Address: _____

4. **Petitioner (s) Name:** _____ DOB: _____

Complete Address: _____ Zip Code: _____

Social Security Number: _____ Phone Number: (_____) _____

Employer & Address: _____

5. **Relationship to the child or children:** _____

6. **Current Address of child or children:** _____ Zip Code: _____

7. **Name of person (s) currently providing care and supervision:** _____

Phone Number: (_____) _____

8. **Was Child Custody Affidavit, mandated by § 3127.23 -O.R.C., filed?** (Form 551 Included with packet) Yes No

9. **Has an Affidavit for Publication been filed** (When address can't be identified) Yes No

10. **Has the Father of the child or children been ordered to pay Child Support?** Yes No

11. **Does any other person (s), excluding the biological parents, have any Court Ordered Custody or Visitation Rights concerning this child or these children?** Yes No If so, please list: Name: _____

Complete Address: _____ Zip Code: _____

Social Security Number: _____ Phone Number: (_____) _____

Relationship to the child or children: _____

12. **Are any Social Service Agencies currently involved with this child or these children?** Yes No If so list Agency:

Name: _____ Caseworker: _____

13. **Attorney's Name:** _____ **Address:** _____

City: _____ State: _____ Phone: (_____) _____

JUVENILE COURT HAMILTON COUNTY, OHIO

Plaintiff: _____

CASE NUMBER: _____

Defendant: _____

**COMPLAINT FOR ORDER
OF CHILD SUPPORT**

Child: _____ **DOB** _____

Child: _____ **DOB** _____

Child: _____ **DOB** _____

Child: _____ **DOB** _____

Pursuant to Section 2151.231 of the O.R.C., the undersigned Plaintiff requests this Court to order the Defendant to provide support for the indicated child(ren) commencing on the date of _____, based on the following facts:

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

_____ CSEA

**APPLICATION FOR CHILD SUPPORT SERVICES
NON-PUBLIC ASSISTANCE APPLICANT/RECIPIENT**

IMPORTANT: If you are receiving ADC or Medicaid, do not complete this application because you became eligible for child support services when you signed the ADC/Medicaid application.

I, _____, request child support services from the _____ CSEA (Child Support Enforcement Agency). I understand and agree to the following:

- A. I am a resident of the county in which services are requested and no other Ohio county has jurisdiction over support – OR – I am requesting services from the Ohio county of jurisdiction.
- B. The only fee that can be charged for services is a one dollar application fee. Some counties pay this fee for the applicants.
- C. Recipients of child support services shall cooperate to the best of their ability with the CSEA. (See attached rights and responsibility information).
- D. In providing IV-D services, the CSEA and any of its contracted agents (e.g., prosecutors, attorneys, hearing officers, etc.) represent the best interest of the children of the state of Ohio and do not represent any IV-D recipient or the IV-D recipient's personal interest.

The Child Support Enforcement Agency can assist you in providing the following services:

- 1. **Location of Absent Parents.**
The agency can assist in finding where an absent parent is currently living, in what city, town, or state. The applicant can request 'Location Only Services', if the sole need is to find the whereabouts of the absent parent.
- 2. **Establishment or Adjustment of Child Support and Medical Support.**
The CSEA can assist you to obtain an order for support if you are separated, have been deserted, or need to establish paternity (fatherhood). The CSEA can also assist you in changing the amount of support orders (adjustment), and to establish a medical support order.
- 3. **Enforcement of Existing Orders.**
The CSEA can help you collect current and past-due child support.
- 4. **Federal and State Income Tax Refund Offset Submittals for the Collection of Child Support Arrearages.**
The agency can collect past-due support (arrearages) by intercepting a payor's federal and state income tax refunds in some cases.
- 5. **Withholding of Wages and Unearned Income for the Payment of Court Ordered Support.**
The agency can help you get payroll deductions for current and past-due child support and can intercept unemployment compensation to collect child support.
- 6. **Establishment of Paternity.**
The agency can obtain an order for the establishment of paternity (fatherhood), if you were not married to the father of the child. An absent parent may request paternity services.
- 7. **Collection and Disbursement of Payments.**
The CSEA can collect the child support for you, and send you a check for the amount of the payments received. Past-due support collected will be paid to you until all of the past-due support you are owed is paid.
- 8. **Interstate Collection of Child Support.**
The agency can assist you in collecting support if the payor is living in another state or in some foreign countries.

APPLICANT INFORMATION

Name: _____	Date of Birth: _____
Home Address: _____ _____	Mailing Address: _____ _____
Home Phone #: _____	
Social Security #: _____	Sex: _____
Race: _____	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Relationship to Children: _____	
Military Service (Branch, Dates): _____ _____	Ever been on Public Assistance? (When and Where) _____ _____

EMPLOYER INFORMATION

Employer Name: _____	Employer Phone #: _____
Employer Address: _____ _____	Is Medical Insurance Available? _____

	CHILD 1	CHILD 2	CHILD 3
Name:			
Sex:			
Race:			
Social Security #:			
Date of Birth:			
Home Address:			

Location of Birth: (Country, State, City)			
Has Paternity (Fatherhood) been Established?			
Name(s) of Absent Parent(s):			
Is there an Order for Support?			
Is the Child covered by Medical Insurance?			

ABSENT PARENT INFORMATION

	PARENT 1	PARENT 2	PARENT 3
Name (and alias):			
Home Address:			
Mailing Address:			
Social Security #:			
Date of Birth:			
Location of Birth (Country, State, City):			
Race:			
Sex:			
Height / Weight:			
Hair / Eye Color:			
Identifying Marks (Tattoos, scars, etc.):			
Names of Children:			
Name and Address of Employer:			

Employer Phone #:			
Medical Insurance Provided?			
Support Order #:			
Date of Support Order:			
Amount of Support:	\$	\$	\$
Order Frequency:	Per	Per	Per
Location where Order was issued:			
Military Service (Branch, Dates):			
Ever Incarcerated? (Location, Dates):			
Arrest Record (Location, Dates):			
Name, Address Current Spouse:			
Father's Name:			
Mother's Name (Maiden):			
Ever been on Public Assistance? (Location, Dates)			

Type(s) of Service(s) Requested:

- All services listed
- Location of absent parent only
- Other (please explain)

I understand that the Child Support Agency within 20 days of receiving this application will contact me by a written notice to inform me if my case has been accepted for child support services (IV-D Services).

Signature of Applicant: _____

Date: _____