

**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.

# Hamilton County Juvenile Court

\_\_\_\_\_  
Plaintiff / Mother

\_\_\_\_\_  
Address

**And**

§ Case Number: \_\_\_\_\_

§

§

§

§

**Complaint to Establish  
Father / Child Relationship  
(By Mother)**

\_\_\_\_\_  
Minor Child

A minor child by and through his/her Mother  
And Next Friend, Plaintiffs

**-VS-**

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Address

Now come the plaintiffs, pursuant to O.R.C. 3111.02 and state that:

Plaintiff, \_\_\_\_\_, is the mother of the minor child,

\_\_\_\_\_, born to her on \_\_\_\_\_,

at \_\_\_\_\_.

(City, State)

Defendant, \_\_\_\_\_, **(is) / (has been determined to be) / (is presumed to be)** the  
father of the above named plaintiff / child.

Financial assistance through the Hamilton County Department of Job and Family Services **(has) / (has not)**  
been provided for the plaintiff / child.

Wherefore, the plaintiff prays for this Court to issue an order:

Establishing the existence of a parent and child relationship between the defendant and the above named child;

Establishing reasonable support payments for the child, commencing from the child's date of birth;

Granting to the plaintiffs any other relief to which they are entitled.

\_\_\_\_\_  
Plaintiff

\_\_\_\_\_  
Attorney for the Plaintiff

\_\_\_\_\_ 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: \_\_\_\_\_

**Hamilton County Juvenile Court  
Paternity Information**

Case Number: \_\_\_\_\_  
Court

Account Number: \_\_\_\_\_  
CSEA

**Plaintiff**

**Defendant**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Birth Date: \_\_\_\_\_ Race: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Employer Name and Address:

Employer Name and Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
City State Hospital or Facility

Social Security Number: \_\_\_\_\_

**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.)

<b><u>Type of Form</u></b>	<b><u>Type of Service</u></b>	<b><u>Name and Complete Address and Zip Code</u></b>
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