

Objections to Administrative Order of Support by CSEA

1. Must be filed within thirty (30) calendar days of the administrative hearing.
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 with a filing fee of \$100.00.
4. Service is usually done by notice to the other parties by certified mail.
5. 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

HAMILTON COUNTY, OHIO

REQUEST AND INSTRUCTIONS FOR ORDINARY MAIL SERVICE

INSTRUCTIONS TO CLERK

IN RE: _____

CASE NUMBER: _____

IF SERVICE OF PROCESS BY CERTIFIED MAIL IS RETURNED BY THE POSTAL AUTHORITIES WITH AN ENDORSMENT OF "REFUSED" OR "UNCLAIMED", AND IF THE CERTIFICATE OF MAILING CAN BE DEEMED COMPLETE, NOT LESS THAN FIVE (5) DAYS BEFORE ANY SCHEDULED HEARING, THE UNDERSIGNED WAIVES NOTICE OF THE FAILURE OF SERVICE BY THE CLERK AND REQUESTS ORDINARY MAIL SERVICE IN ACCORDANCE WITH CIVIL RULE 4.6 (C) OR (D) AND CIVIL RULE 4.6 (E).

Date: _____

Petitioner (s) Name (s) or Attorney (Type or Print)

X _____

X _____
Signature (s)

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: _____