

**Hamilton County Juvenile Court (www.juvenile-court.org)**  
**INSTRUCTIONS FOR COMPLETION OF A MOTION PACKET**

Filing Fees: **\$100.00** - Motions filed on Paternity or Support cases.  
**\$150.00** - Filing for Contempt of Support.  
**\$150.00** - Filing for Custody or Visitation Contempt, Motions or Modifications.

A filing fee is not necessary if your motion or contempt filing qualifies to be applied to a pending court date.

Please use **Black** 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** (Form 583) 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** (Form 755) (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** (Form 1397), 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** (Form 583) – 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** (Form 755) – Original plus a minimum of two (2) copies.

\*\*\* **Service Request** (Form 1397) – 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 one of the following telephone numbers: 513-946-9200 or 513-946-9400, and ask for a Deputy Clerk.

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: ( \_\_\_\_\_ ) \_\_\_\_\_

# Hamilton County Juvenile Court

\_\_\_\_\_ § Case Number: \_\_\_\_\_  
Plaintiff / Mother §  
\_\_\_\_\_ §  
Address §  
\_\_\_\_\_ §  
**And** § **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

**JUVENILE COURT HAMILTON COUNTY, OHIO**

IN RE: \_\_\_\_\_

:  
:  
:  
:  
:

CASE NUMBER: \_\_\_\_\_

**MOTION**

\_\_\_\_\_

\_\_\_\_\_

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.)*

| <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. _____                   | _____                         | _____<br>_____<br>_____<br>_____                     |
| 2. _____                   | _____                         | _____<br>_____<br>_____<br>_____                     |
| 3. _____                   | _____                         | _____<br>_____<br>_____<br>_____                     |

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: \_\_\_\_\_

Form 1397 Revised 12/2006 City State Zip

# 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 ENDORSEMENT 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)