



## 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.

Some suggested resources to determine the mailing address of a party include but are not limited to:

Contact with known associates, relatives and friends, neighbors and employers as well as Family Records, Internet Locator Services, Professional Investigators, Public Court Records including Domestic Relations Court, Small Claims, Municipal and Civil Litigation Records, Criminal Records, Bureau of Prisons, Probate Court Records, Public Library Archives, Telephone and Criss Cross Directories, U. S. Postal Service, Federal Court Records, Bankruptcy Records.

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 Form 15, in addition to the Service Request, Form 1397.

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.)*

<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: \_\_\_\_\_

# 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)