

Hamilton County Juvenile Court

In Re: _____ : **Case Number** _____
(Child's Name)
:
MOTION FOR SOLE
AUTHORITY TO APPLY FOR
PASSPORT OF MINOR CHILD
:

Now comes _____, who hereby requests authorization to apply for a passport for the above-captioned minor child. Petitioner's relationship to the child is Mother Father Legal Guardian Other _____. In support of this Motion, the Petitioner states the following as evidence of sole authority to apply for the child's passport:

- The father's name does not appear on the birth certificate and paternity has not been established.
- The father's name appears on the birth certificate of a child born out of wedlock, but there NOT been an award of custody in this or any other jurisdiction.
- The father's name appears on the birth certificate of a child born out of wedlock and this Court or another court has made an award of custody.
- Other:

The Petitioner has filed the child's birth certificate with the Court (required). The expected date(s) of travel outside the U.S. are _____. As

required by the U.S. Passport Service, the Petitioner is in possession of the following documentation (check all that apply):

Evidence of Child's U.S. Citizenship:

- Previously issued, undamaged U.S. Passport
- Certified Birth Certificate of Child
- Consular Report of Birth Abroad or Certification of Birth
- Naturalization Certificate
- Certificate of Citizenship

Evidence of Parental Relationship:

- U.S. Birth Certificate
- Foreign Birth Certificate
- Adoption Decree
- Divorce/Custody Decree
- Consular Report of Birth Abroad of a United States Citizen

Court Orders/Additional Documentation:

- Granting sole custody to applying Parent/Guardian
- Order Specifically permitting applying Parent/Guardian's travel with child
- Declaration of Incompetence of non-applying Parent
- Death Certificate of non-applying parent
- Signed and Notarized written statement from both parents authorizing third party application

Additional evidence and documentation: _____

Signature

Print Name

Address

City

State

Zip Code

Certificate of Service

I certify that I have served a copy of the foregoing on _____

by _____ at _____.

Signature

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 Companionship 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: (_____) _____

To the Petitioner (s): The Hamilton County Juvenile Court will request the Hamilton County Department of Jobs and Family Services, (Formerly known as Hamilton County Department of Human Services), to provide case activity information concerning you, the child or children as well as any other person living in your household. The following information is **required** and **necessary** to process your Custody / Companionship petition.

Include any maiden names or alias names used by any household members.

Court Date: _____ **Magistrate** _____ **Case Number:** _____

In Re: _____

Petitioner (s) #1 Name: _____ **DOB:** _____ **SSN:** _____
Address: _____ **City** _____
State _____ **Zip** _____ **Phone Number (s):** (_____)

Petitioner (s) #2 Name: _____ **DOB:** _____ **SSN:** _____
Address: _____ **City** _____
State _____ **Zip** _____ **Phone Number (s):** (_____)

Biological Mother's Name: _____ **Biological Father's Name** _____
DOB: _____ **SSN:** _____ **DOB:** _____ **SSN:** _____

Children currently in your home or subject to your current filing.

Child's Name: _____ **DOB:** _____ **Relationship** _____
Child's Name: _____ **DOB:** _____ **Relationship** _____
Child's Name: _____ **DOB:** _____ **Relationship** _____
Child's Name: _____ **DOB:** _____ **Relationship** _____

Adults Currently Living in Your Household (include maiden name or alias name if applicable):

Name: _____ **DOB** _____ **SSN** _____
Name: _____ **DOB** _____ **SSN** _____
Name: _____ **DOB** _____ **SSN** _____
Name: _____ **DOB** _____ **SSN** _____

(For Official Use Only by HCDJFS)

No Record for any of the indicated parties has been identified.
 A case is currently open on: **Petitioner (s)** **Child** **Other** _____

The case is assigned to: _____ **Phone Number:** (_____)
The supervisor is: _____ **Phone Number:** (_____)

A prior case is identified on: **Petitioner (s)** **Child** **Other** _____

OPENED	CLOSED	PETITIONER/CHILD	DISPOSITION	ON-GOING SERVICES

Custody Investigation Recommended. **Comments:** _____

HAMILTON COUNTY SHERIFF'S OFFICE

Personal Information Release Form

Please Print Clearly

Name: _____

Address: _____

Date of Birth: _____ Social Security Number: _____

Sex: Male _____ Female _____ Race: _____

I, the undersigned, authorize the Hamilton County Sheriff's Office to release information regarding any Traffic or Criminal convictions that I have on file. If it is necessary to verify this Authorization, I can be contacted at telephone number _____. This Authorization is void if not exercised by the person or organization named below within (1) year from the date signed. I hereby agree to indemnify the County of Hamilton and the Hamilton County Sheriff and his representatives for any liability arising out of the improper use of the information provided.

Signature: _____ Date: _____

FOR OFFICIAL OFFICE USE ONLY

Certification of Purpose

I, the undersigned, certify that the information applied for will be used only for the purpose for which it is requested and agree that this information will immediately be destroyed after use or if retained not released outside my agency.

Information Requested By: _____ *Date:* _____

Company Name/Agency: _____

Contact Person: _____ Phone Number: _____

Address: _____

For Sheriff Office Use Only

Operator: _____ Date: _____

Record: _____ No Record: _____

Hamilton County Juvenile Court

800 Broadway

Cincinnati, Ohio 45202

513-946-9200

Case Number _____

AUTHORITY TO RELEASE INFORMATION

I, the undersigned, hereby authorize the Hamilton County Juvenile Court to obtain any and all record information or files pertaining to my/our arrest and or conviction on any charge.

I, the undersigned, hereby authorize the Hamilton County Juvenile Court to obtain any and all record information or files pertaining to child abuse, abandonment, or neglect investigations, including records of services provided by the Hamilton County Department of Jobs and Family Services (formerly known as Hamilton County Department of Human Services).

I further authorize and request the custodian of any records and information described above to release such records and information at the request of the Hamilton County Juvenile Court or its authorized representative or designee upon presentation of this release or a photocopy thereof.

Hamilton County Juvenile Court, its authorized representative or designee, may release any of the above files, records, or information to any guardian ad litem (GAL) and/or Court Appointed Special Advocate (CASA) the Court has appointed. Hamilton County Juvenile Court, its authorized representative or designee, may also release any of the above files, records, or information when referring cases to any office or agency providing guardians ad litem (GALs) and/or Court Appointed Special Advocate (CASAs).

This release is executed with the full knowledge and understanding that the information is for the official use of the Hamilton County Juvenile Court in the determination of a Custody and/or Companionship petition as well as other associated Court matters.

Should there be any question regarding the validity of this release, please contact me/us as directed below.

Last Name: _____ First Name: _____ MI: _____

Date of Birth: ____/____/____ Social Security Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Daytime Phone: (____) _____

X _____ Date: _____
Signature

Witnessed by:

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