

Hamilton County Juvenile Court, Ohio

CASE NUMBER _____

Child(ren) Name(s)

**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

Email

Certificate of Service

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

by _____ at _____.

Signature /Date

HAMILTON COUNTY JUVENILE COURT, OHIO
PERSONAL IDENTIFICATION FORM

CASE NUMBER: _____

1. Child(ren) Information below:

Name: _____ DOB: _____ Sex: _____
Name: _____ DOB: _____ Sex: _____
Name: _____ DOB: _____ Sex: _____
Name: _____ DOB: _____ Sex: _____
Name: _____ DOB: _____ Sex: _____
Name: _____ DOB: _____ Sex: _____

2. Parent (1) Name _____ (Alias) _____ DOB _____
Complete Address _____ City _____ ST _____ Zip _____
E-mail _____ Phone Number _____

3. Parent (2) Name _____ (Maiden/Alias) _____ DOB _____
Complete Address _____ City _____ ST _____ Zip _____
E-mail _____ Phone Number _____

4. Presumed/Alleged Father's Name _____ (Alias) _____ DOB _____
Complete Address _____ City _____ ST _____ Zip _____
E-mail _____ Phone Number _____

5. Complainant/Petitioner relationship with child(ren) _____

6. Complainant/Petitioner #1 Name _____ DOB _____
Complete Address _____ City _____ ST _____ Zip _____
E-mail _____ Phone Number _____

7. Complainant/Petitioner #2 Name _____ DOB _____
Complete Address _____ City _____ ST _____ Zip _____
E-mail _____ Phone Number _____

To the Petitioner (s): The Hamilton County Juvenile Court will request the Hamilton County Department of Jobs and Family 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 / Visitation petition.

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

Court Date _____ Magistrate _____ Case Number _____

_____, _____, _____,
Minor Child(ren) Names

_____, _____, _____,
Minor Child(ren) Names

Petitioner #1 Name: _____ DOB: _____
 Address _____ City _____
 State _____ Zip _____ Phone Number _____

Petitioner #2 Name _____ DOB: _____
 Address _____ City _____
 State _____ Zip _____ Phone Number _____

Parent (1) Name _____ DOB _____
 Maiden/Alias Names _____

Parent (2) Name _____ DOB _____
 Alias Names _____

List child(ren) currently in your home including the child(ren) you are requesting custody/visitation of.

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 _____
Name _____	DOB _____
Name _____	DOB _____
Name _____	DOB _____

.....
 (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: _____

CASE NUMBER _____

HAMILTON COUNTY SHERIFF'S OFFICE
Personal Information Release Form

Please Print Clearly

Name: _____

Maiden Name _____ Alias Name _____

Address: _____

City _____ State _____ Zip _____

Date of Birth _____ Social Security Number: _____

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, Ohio

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, further 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.

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 Visitation 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.

Please Print Clearly

Last Name: _____ First Name: _____ MI: _____

Maiden Name _____ Alias Name _____

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

Address: _____

City _____ State _____ Zip _____

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

Signature

Date: _____

HAMILTON COUNTY JUVENILE COURT, OHIO

- WRITTEN REQUEST FOR SERVICE(Civil)
PRAECIPE (Delinquent/Criminal)

Support/Paternity list Plaintiff v Defendant
Custody/Visitation/Delinquent list child(ren)

CASE NUMBER

Case Type: Civil Charges: Delinquent/Criminal Delinquent/Criminal

A hearing is scheduled on the 20, at : AM / PM.

Judge / Magistrate: Case Manager:

Type of Form: (Summons) (Subpoena) or (Notice) (List one selection for each address listed below.)

Type of Mail Service: (Regular) (Certified) (Personal) (Residential) or (Publication) (List one selection for each address listed below.) Usual

- 1. Form Service Name Address Zip
2. Form Service Name Address Zip
3. Form Service Name Address Zip
4. Form Service Name Address Zip
5. Form Service Name Address Zip

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

E-mail: