

Hamilton County Juvenile Court, Ohio

www.juvenile-court.org

INSTRUCTIONS FOR MOTION FILINGS

\$100.00 Filing fee for any Child Support or Paternity Motions

\$150.00 Filing fee for any Subsequent Custody, Shared Parenting, Parenting time, Visitation/Companionship and Contempt Motions

\$100.00 Cost for Service by Publication is an additional

\$50.00 Drivers license restoration

Complete all Forms, use black or blue ink. Print neatly or type

All pages follow steps 1 and 2

Step 1 - Case Number(s) _____ place in upper right-hand corner

Step 2 – Custody, Visitation/Companionship or Delinquency cases

upper left-hand corner list the Child(ren) names

or if

Paternity or Support Cases

upper left-hand corner list PLAINTIFF – vs – DEFENDANT

Example: Jane Doe John Doe

-vs- -vs-

John Doe Jane Doe

Make sure the **Service Form** is attached with accurate name and address information for all parties involved in this action and/or an affidavit for Service by Publication is attached for each party that an accurate address could not be identified by diligent and reasonable effort and research. Follow instructions below:

Step 3 - Case Type – Custody, Shared Parenting, Visitation, Support or Paternity etc..

Step 4 - Type of Form (please select one below for each address listed)

(Summons- a party in the case) parties are usually mother, father, and (if any) legal or physical custodian

(Notice- attorneys or parties-parties are usually any social service worker)

(Subpoena- nonparties as witnesses at TRIAL ONLY)

Step 5 - Type of Mail Service

(Certified) if unclaimed by the person, the court will send out regular mail service to the party

Step 6 - Name and Address and Zip Code

Neatly list the complete information for each party to be notified (include inmate # if incarcerated)

(DO NOT INCLUDE YOURSELF IF DONE IN PERSON, UPON YOUR FILING YOU WILL BE SERVED YOUR NOTICE PERSONALLY)

Step 7 - Requested by PRINT NEATLY your complete name, address, zip code, telephone number, and E-mail Address

Deputy Clerks are available to assist with filing questions and accept your filing however they are not attorneys and cannot provide answers to legal questions or act as your legal representative. If any questions, you may speak to a Deputy Clerk at the Issue Desk or call 513-9431

JUVENILE COURT HAMILTON COUNTY, OHIO

Support/Paternity list **Plaintiff v Defendant**

CASE NUMBER _____

MOTION TO TERMINATE SUPPORT

THE REASON YOU ARE FILING THIS MOTION:

Signature

Print Name

Address

City

State

Zip Code

(_____) _____

Area Code

Telephone Number

E-mail

.....
Certificate of Service

I, _____, certify that I served a copy of the foregoing on the Plaintiff by

_____ at _____

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: _____ Charges: _____
Civil Delinquent/Criminal Delinquent/Criminal

A hearing is scheduled on _____ the _____ 20_____, at _____ : _____ AM / PM.
month date year time

Judge / Magistrate: _____ Case Manager: _____

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

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: _____