

## INSTRUCTIONS FOR PASSPORT CUSTODY (no fee required)

### BIRTH CERTIFICATE REQUIRED AT TIME OF FILING

All pages

Step 1 - Case Number(s) \_\_\_\_\_ place in  
upper righthand corner

Step 2 – Passport Custody

List child(ren) Names

Pages 1-6

**FILL IN** appropriate answers or N/A if questions doesn't apply

Page 7

### WRITTEN REQUEST FOR SERVICE FORM

Step 1 - Case Type: Passport Custody

Step 2 - Type of Form (please select one below for each address listed)

(**summons**- a party in the case) parties are usually mother, father, or (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 3 - Type of Service

Usually start with certified mail

if unclaimed or refused by the person, the court will send out regular mail service to the party

Step 4 - 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 5 - Requested by – your information only

- This Written Request for Service is attached with accurate name and address information for all parties involved in this action. You the petitioner is responsible to locate an address for the other party and is required to put it on the request for service.

### BIRTH AND DEATH CERTIFICATES

A copy of a Birth Certificate for each child will be require for filing 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 are listed below:

(Birth in 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 in 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  
vs.registration@odh.ohio.gov

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 you do have questions, you may speak to a Deputy Clerk at the Issue Desk or call 513-946-9431.

**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 \_\_\_\_\_.

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

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: