

Hamilton County Juvenile Court, Ohio (www.juvenile-court.org)
Information & Instructions for Establishment or Disestablish Paternity, Child Support or
Objection to Administrative Order of Support by CSEA

Filing Fees: **\$115.00** New Paternity / **\$100.00** Child Support Complaint or Motion/Set Aside

Complete all Forms, use black or blue ink and type or print neatly

ONLY READ THE CHECKED AREA FOR THIS PACKET

 COMPLAINT for PATERNITY

- ☐ If child(ren) is in the Divorce Decree-Stop here go to Domestic Relations Court 3rd Floor 800 Broadway
- ☐ You must request for an administrative determination through the Child Support Enforcement Agency (CSEA) first then a copy of request must be attached with Complaint or Motion.
- ☐ You must submit child(ren) birth certificate(s) (information on how to obtain – see pg. 2)
- ☐ The party requesting paternity must select an accredited testing facility
 - a) Required parties are to appear in person and must validate each person's identity
 - b) Must maintain a chain of custodyThe chain of custody must be included with the DNA test. The person requesting the testing is responsible for the cost unless otherwise ordered by court.
- ☐ The IV-D application which is included in this packet must be completed

 COMPLAINT for SUPPORT

- ☐ If child(ren) is in the Divorce Decree-Stop here go to Domestic Relations Court 3rd Floor 800 Broadway
- ☐ You must request for an administrative determination through the Child Support Enforcement Agency (CSEA) first then a copy of request must be attached with Complaint or Motion.
- ☐ You must submit child(ren) birth certificate(s) (information on how to obtain – see pg. 2)
- ☐ The IV-D application which is included in this packet must be completed

 PETITION to SET ASIDE ACKNOWLEDGEMENT of PATERNITY

- ☐ If child(ren) is in the Divorce Decree-Stop here go to Domestic Relations Court 3rd Floor 800 Broadway
- ☐ The Paternity findings you are attempting to set aside must have been made through an acknowledgement of paternity, an administrative action, or a Court order without DNA testing
- ☐ You must submit child(ren) birth certificate(s) (information on how to obtain – see pg. 2)
- ☐ Party requesting to Set aside paternity must provide a DNA test taken no more than six (6) months prior to the date of filing that excludes the person from paternity. Test must be from an accredited testing facility for DNA testing.
 - a) Require parties to appear in person and must validate each person's identity
 - b) Must maintain a chain of custody

 OBJECTION to ADMINISTRATIVE ORDER of SUPPORT by CSEA

1. Must be filed within fourteen (14) calendar days of the administrative hearing.
2. Must allow time for CSEA paperwork to be filed with the court prior to filing an objection.
3. Filing after fourteen (14) days is by motion with a filing fee of **\$100.00**.
4. Service is usually done by notice to the other parties by certified mail.

R.C. 3111.84 (registration of initial order)

Either parent of a child who is the subject of an administrative support order may object to the order by bringing an action for the payment of support and provision for the child's health care under section 2151.231 of the Revised Code in the Juvenile Court or other Court with jurisdiction under section 2101.022 or 2301.03 of the revised Code of the county in which the child support enforcement agency that issues the order is located. The action shall be brought not later than fourteen (14) days after the date of the issuance of the administrative support order. The administrative support order shall remain in effect during the pendency of the objection unless a party request and is granted a stay by the court. The administrative support order is final and enforceable by a court or child support enforcement agency fourteen (14) days after the order is issued and may be modified only as provided in Chapters 3119., 3121., and 3123. Of the Revised Code.

R.C. 3119.63 (modification)

(G) If an agency determines revised support obligations under division (F) of this section, give notice to the obligor and obligee of the revised amount of child support, that they may request a court hearing on the revised amount within fourteen (14) days after notice of the revised amount is issued, and that the agency will submit the revised amount of child support to the court for inclusion in a revised court child support order, if neither the obligor nor the obligee requests a court hearing on the revised amount of child support.

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 513-946-9431.

Instructions & Information for Establishment or Disestablish Paternity, Child Support or
Objection to Administrative Order of Support by CSEA

All pages

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

Step 2 - For Paternity and Support Cases

upper left-hand corner list Plaintiff – vs – Defendant

Example:	Jane Doe	John Doe
	-vs-	-vs-
	John Doe	Jane Doe

Page 1

LINED AREA - Specify what you are requesting the Court to consider or **FILL IN** appropriate answers

TOWARDS BOTTOM of FORM- your information only

Page 2

WRITTEN REQUEST FOR SERVICE FORM

Step 1 - Case Type: Support or Paternity

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.

JUVENILE COURT HAMILTON COUNTY, OHIO

Plaintiff: _____

CASE NUMBER: _____

-V-

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 Defendant to provide support for the indicated child(ren) commencing on the date of _____, based on the following facts:

Print Name _____

Signature_____

Address _____

City _____ ST _____ Zip _____

Phone (____) _____

Email _____

Certificate of Service

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

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 (____) _____

HAMILTON COUNTY JUVENILE COURT, OHIO

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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.
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: _____

_____ CSEA

**APPLICATION FOR CHILD SUPPORT SERVICES
NON-PUBLIC ASSISTANCE APPLICANT/RECIPIENT**

IMPORTANT: If you are receiving ADC or Medicaid, do not complete this application because you became eligible for child support services when you signed the ADC/Medicaid application.

I, _____, request child support services from the _____ CSEA (Child Support Enforcement Agency). I understand and agree to the following:

- A. I am a resident of the county in which services are requested and no other Ohio county has jurisdiction over support – OR – I am requesting services from the Ohio county of jurisdiction.
- B. The only fee that can be charged for services is a one dollar application fee. Some counties pay this fee for the applicants.
- C. Recipients of child support services shall cooperate to the best of their ability with the CSEA. (See attached rights and responsibility information).
- D. In providing IV-D services, the CSEA and any of its contracted agents (e.g., prosecutors, attorneys, hearing officers, etc.) represent the best interest of the children of the state of Ohio and do not represent any IV-D recipient or the IV-D recipient's personal interest.

The Child Support Enforcement Agency can assist you in providing the following services:

- 1. **Location of Absent Parents.**
The agency can assist in finding where an absent parent is currently living, in what city, town, or state. The applicant can request 'Location Only Services', if the sole need is to find the whereabouts of the absent parent.
- 2. **Establishment or Adjustment of Child Support and Medical Support.**
The CSEA can assist you to obtain an order for support if you are separated, have been deserted, or need to establish paternity (fatherhood). The CSEA can also assist you in changing the amount of support orders (adjustment), and to establish a medical support order.
- 3. **Enforcement of Existing Orders.**
The CSEA can help you collect current and past-due child support.
- 4. **Federal and State Income Tax Refund Offset Submittals for the Collection of Child Support Arrearages.**
The agency can collect past-due support (arrearages) by intercepting a payor's federal and state income tax refunds in some cases.
- 5. **Withholding of Wages and Unearned Income for the Payment of Court Ordered Support.**
The agency can help you get payroll deductions for current and past-due child support and can intercept unemployment compensation to collect child support.
- 6. **Establishment of Paternity.**
The agency can obtain an order for the establishment of paternity (fatherhood), if you were not married to the father of the child. An absent parent may request paternity services.
- 7. **Collection and Disbursement of Payments.**
The CSEA can collect the child support for you, and send you a check for the amount of the payments received. Past-due support collected will be paid to you until all of the past-due support you are owed is paid.
- 8. **Interstate Collection of Child Support.**
The agency can assist you in collecting support if the payor is living in another state or in some foreign countries.

APPLICANT INFORMATION

Name:	_____	Date of Birth:	_____
Home Address:	_____	Mailing Address:	_____
	_____		_____
	_____		_____
Home Phone #:	_____		
Social Security #:	_____	Sex:	_____
Race:	_____	<input type="checkbox"/> Single	<input type="checkbox"/> Married
Relationship to Children:	_____	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated
Military Service	_____	Ever been on	
(Branch, Dates):	_____	Public Assistance?	_____
	_____	(When and Where)	_____
	_____		_____

EMPLOYER INFORMATION

Employer Name:	_____	Employer Phone #:	_____
Employer	_____	Is Medical	
Address:	_____	Insurance	
	_____	Available?	_____
	_____		_____

	CHILD 1	CHILD 2	CHILD 3
Name:	_____	_____	_____
Sex:	_____	_____	_____
Race:	_____	_____	_____
Social Security #:	_____	_____	_____
Date of Birth:	_____	_____	_____
Home Address:	_____	_____	_____

Location of Birth: (Country, State, City)			
Has Paternity (Fatherhood) been Established?			
Name(s) of Absent Parent(s):			
Is there an Order for Support?			
Is the Child covered by Medical Insurance?			

ABSENT PARENT INFORMATION

	PARENT 1	PARENT 2	PARENT 3
Name (and alias):			
Home Address:			
Mailing Address:			
Social Security #:			
Date of Birth:			
Location of Birth (Country, State, City):			
Race:			
Sex:			
Height / Weight:			
Hair / Eye Color:			
Identifying Marks (Tattoos, scars, etc.):			
Names of Children:			
Name and Address of Employer:			

Employer Phone #:			
Medical Insurance Provided?			
Support Order #:			
Date of Support Order:			
Amount of Support:	\$	\$	\$
Order Frequency:	Per	Per	Per
Location where Order was issued:			
Military Service (Branch, Dates):			
Ever Incarcerated? (Location, Dates):			
Arrest Record (Location, Dates):			
Name, Address Current Spouse:			
Father's Name:			
Mother's Name (Maiden):			
Ever been on Public Assistance? (Location, Dates)			

Type(s) of Service(s) Requested:

- ☐ All services listed
- ☐ Location of absent parent only
- ☐ Other (please explain)

I understand that the Child Support Agency within 20 days of receiving this application will contact me by a written notice to inform me if my case has been accepted for child support services (IV-D Services).

Signature of Applicant: _____

Date: _____