

**Hamilton County Juvenile Court, Ohio**  
www.juvenile-court.org  
**INSTRUCTIONS FOR CUSTODY/SHARED PARENTING & VISITATION**

In consideration of Local Rules adopted by the Hamilton County Juvenile Court and with the intention of providing the best management of staff functions and Court proceedings, this checklist of documents must be completed and accompany the filing of a Petition or Motion concerning Custody, Parenting Time (Visitation/Companionship), and or Allocation of Parental Rights and Responsibilities.

The Filing Fee for the First Filing for Custody and Visitation/Companionship is **\$165.00**

The Filing Fee for Subsequent Custody and Visitation/Companionship is **\$150.00**

The Cost for Service by Publication is an additional **\$100.00**

\_\_\_\_\_ Petition for Custody, Shared Parenting or Parenting Time

\_\_\_\_\_ Petition for Custody Non-Parent

\_\_\_\_\_ Petition for Non-Parent Visitation/Companionship

- A copy of one of the following is attached for each child: birth certificate; official copy of a Paternity Acknowledgement from the Central Paternity Registry; certified medical records showing proof of birth; or proof of adoption
  - I will provide one of the above before court date.
- A Proposed Shared Parenting Plan is attached - only if filing for shared parenting
- Petition or Motion is attached regarding Custody, Shared Parenting, Parenting Time (Visitation/Companionship) or Allocation of Parental Rights and Responsibilities.
- The Child Custody Affidavit, pursuant to ORC 3127.23
- The Hamilton County Juvenile Court Personal Identification Form
- The Hamilton County Sheriff's authorization
- The Information Form for HCJFS
- The H.C.J.C. Authorization (requires witness signature)
  
- The Written Request for Service 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

Instructions for Written Request for Service

Step 1 - Case Number \_\_\_\_\_ place in upper right-hand corner

Step 2 - Custody or Visitation/Companionship cases  
upper left-hand corner list the Child(ren) names

Step 3 - Case Type – Custody, Shared Parenting, Visitation, 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 Service  
(Certified mail) 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 513-946-9431.

# HAMILTON COUNTY, OHIO JUVENILE COURT, OHIO

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

## PETITION FOR NON-PARENT VISITATION O.R.C. 2151.23 (A) (2)

### Minor Child(ren) Names

The undersigned Petitioner (1) \_\_\_\_\_ and

Petitioner (2) \_\_\_\_\_, herein being duly sworn, states:

1. The child(ren) is/are:

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

2. My relationship to the above child(ren) is/are: \_\_\_\_\_

3. Has Hamilton County Juvenile Court granted custody of child(ren) to someone already? \_\_\_\_\_ YES \_\_\_\_\_ NO

If no, how long have the child(ren) resided in Ohio \_\_\_\_\_ yr(s) \_\_\_\_\_ mo(s), cared for by \_\_\_\_\_

lives at \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

4. Parent (1) is \_\_\_\_\_, presently residing at

\_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

City State

5. Parent (2) is \_\_\_\_\_, presently residing at

\_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

City State

6. I / We have cause and standing to present this petition to the court, also it would be in the best interest/welfare of the child(ren) to visit with me/us because:

\_\_\_\_\_  
\_\_\_\_\_

*Therefore, the petitioner invokes the jurisdiction of this Court to grant her/him/them visitation of the said minor child or children pursuant to O.R.C. 2151.23 (A) (2) and O.R.C. 3109.21, et seq.*

\_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_  
City \_\_\_\_\_ St. \_\_\_\_\_ Zip Code \_\_\_\_\_

Petitioner (s)

Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_

Sworn to and signed in my presence on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**HAMILTON COUNTY JUVENILE COURT, OHIO 78**  
**AFFIDAVIT IN COMPLIANCE WITH § 3127.23 OHIO REVISED CODE**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Minor Child(ren) Names***

Upon being duly sworn, the undersigning Petitioner(s), \_\_\_\_\_,

and \_\_\_\_\_ herein state the following:

1. The child or children currently reside with \_\_\_\_\_, at the address  
of \_\_\_\_\_ Phone:(    ) \_\_\_\_\_  
(Complete Address)      City      State      Zip

2. During the last 5 years the child(ren) lived with the following: Name of Person lived with Complete Address and Zip Code  
Dates: From - To


3. List the current address of each person in # 2 above. Name of Person lived with Complete Address and Zip Code  
Dates: From - To


4. The petitioner(s) participated as a party, witness or in another capacity with any other litigation concerning custody of this child or children either in this state or any other state.    \_\_\_ NO \_\_\_ DON'T KNOW \_\_\_ If YES, please explain

\_\_\_\_\_  
\_\_\_\_\_

5. The petitioner(s) has information or knowledge of custody proceedings concerning this child or these children, either in this or any other state.    \_\_\_ NO \_\_\_ DON'T KNOW \_\_\_ YES, please explain

\_\_\_\_\_  
\_\_\_\_\_

6. The petitioner(s) has knowledge of any other person(s) having physical custody or claims to have custody or visitation rights of this child or children, who is not included as a party in this proceeding. If Yes, please list the following:

Name of Person lived with	Complete Address and Zip Code	Relationship
_____	_____	_____
_____	_____	_____

7. The child or children the subject of any divorce proceedings involving the biological parents in this or any other State. \_\_\_ NO \_\_\_ Don't Know \_\_\_ YES, describe where, when and the ruling concerning custody and visitation.

\_\_\_\_\_  
\_\_\_\_\_

8. The biological parents are:  Currently Married  Separated but Legally Married  
 Divorced  Never Married

9. A social service agency such as Children's Protective Service, Catholic Social Services or the Department of Jobs and Family Services, currently involved with the welfare of these child or these children. \_\_\_ NO \_\_\_ DON'T KNOW \_\_\_ YES, explain

\_\_\_\_\_  
\_\_\_\_\_

10. Do you have history of charges, conviction, adjudication, guilty plea or been determined to be the perpetrator of any criminal offense that involved an act that resulted in a child being abandoned, abused or neglected. \_\_\_ NO, \_\_\_ YES, provide details

\_\_\_\_\_  
\_\_\_\_\_

11. The petitioner(s) included a separate sworn affidavit or pleading concerning the health, safety or liberty of the petitioner(s), child or children being jeopardized by the disclosure of identifying information as outlined in section D of ORC3127.23. \_\_\_ NO \_\_\_ YES

\_\_\_\_\_  
\_\_\_\_\_

Petitioner (s)

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

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:

**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 (\_\_\_\_\_) \_\_\_\_\_

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: \_\_\_\_\_

**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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



# 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: \_\_\_\_\_