

**JUVENILE COURT PERSONAL INFORMATION SHEET
ORIGINAL ONLY FOR THE COURT NO COPIES REQUIRED**

If you have a VALID PROTECTION ORDER (the Court will need a copy) you still must write your address on this page, as this is for court records only. DO NOT write your address on the attached pages.

Are / Were the parents of this child ever married? (check one) Yes No

PLEASE PRINT LEGIBLY OR TYPE THE FOLLOWING INFORMATION:

SETS # (if applicable) _____

1. Child(ren) this Complaint/Motion is being filed on:

CHILD 1: Name: _____ **JC#** _____

DOB _____ SSN (if known) _____

CHILD 2: Name: _____ **JC#** _____

DOB _____ SSN (if known) _____

CHILD 3: Name: _____ **JC#** _____

DOB _____ SSN (if known) _____

Child(ren)'s current residence (street address): _____

(City, State, Zip) _____

2. Filing party: _____

Relationship to the child (mother/father/grandparent, etc.): _____

Mailing address: (Street Address): _____

(City, State, Zip) _____

Social Security Number: _____ Date of Birth: _____

Email Address: _____ Cell Phone #: _____

3. Respondent: _____

Relationship to the child (mother/father/grandparent, etc.): _____

Mailing address: (Street Address): _____

(City, State, Zip) _____

SSN (if known): _____ Date of Birth: _____

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4. **Respondent:** _____

Relationship to the child (mother/father/grandparent, etc.): _____

Mailing address: (Street Address): _____

(City, State, Zip) _____

SSN (if known): _____

Date of Birth: _____

ADDITIONAL PARTIES

5. **Additional Party:** _____

Relationship to the child (mother/father/grandparent, etc.): _____

Mailing address: (Street Address): _____

(City, State, Zip) _____

SSN (if known): _____

Date of Birth: _____

6. **Additional Party:** _____

Relationship to the child (mother/father/grandparent, etc.): _____

Mailing address: (Street Address): _____

(City, State, Zip) _____

SSN (if known): _____

Date of Birth: _____

7. **Additional Party:** _____

Relationship to the child (mother/father/grandparent, etc.): _____

Mailing address: (Street Address): _____

(City, State, Zip) _____

SSN (if known): _____

Date of Birth: _____

**IN THE COMMON PLEAS COURT OF MONTGOMERY COUNTY, OHIO
JUVENILE DIVISION**

IN RE:

JC# _____
JC# _____
JC# _____

Minor Child(ren)

SETS# _____

Name

JUDGE _____

MAGISTRATE _____

Street Address

City, State, Zip Code

Petitioner

vs. / and

Name

Street Address

City, State, Zip Code

Respondent

Instructions: One original per child. Consult with local rules to determine what else may be required with this filing. This form is used to be legally recognized as the parent of the child, be named as the residential parent, or obtain visitation with the child(ren). The Parenting Proceeding Affidavit and the Affidavit of Income and Expenses are attached.

MOTION TO ESTABLISH CHILD SUPPORT

1. I, _____ (name), am the Plaintiff and the
(select one) Father Mother _____ (other) of the following
child(ren):

Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____

2. Defendant, _____ (name), is the
 Father Mother _____ (other) of the following child(ren).
3. The child has resided in _____ County, Ohio since _____
(date residence established) as set out in the Parenting Proceeding Affidavit.
4. The father-child relationship (select one) has has not been established. If it has been
established, a copy of the order establishing the father-child relationship or a copy of the child's
birth certificate is attached.
5. No court has issued an order about this child.
 The following Court has issued an order about the child(ren) _____
6. I request that the Court Order the appropriate amount of child support for the child, allocate the
income tax dependency exemption, and determine who should provide health insurance coverage
for the child(ren).
7. Other (specify):

7. The reason for this motion is: _____

Your signature

Telephone number at which the Court may
reach you or at which message may be left for you

OATH

(Do not sign until notary is present.)

I, (print name) _____, swear or affirm that I have read
this document and, to the best of my knowledge and belief, the facts and information stated in this document are
true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

Your Signature

Sworn before me and signed in my presence this ____ day of _____, _____.

Notary Public

My Commission Expires:

**IN THE COMMON PLEAS COURT OF MONTGOMERY COUNTY, OHIO
JUVENILE DIVISION**

IN RE:

_____ **JC#** _____

_____ **JC#** _____

_____ **JC#** _____

Minor Child(ren)

_____ **SETS** _____

Plaintiff/Petitioner

_____ **Judge** _____

v./and

_____ **Magistrate** _____

_____ **Defendant/Respondent**

Instructions: Check local court rules to determine when this form must be filed.
Do not leave any category blank. Write "none" where appropriate. If you do not know exact figures for any item, give your best estimate, and put "EST." If you need more space, add additional pages.
If you are a Non-Parent filer, circle "other" and complete with YOUR information.

AFFIDAVIT OF INCOME AND EXPENSES

Affidavit of _____
Print Your Name and Relationship To The Child

SECTION I - INCOME

	<u>Father / Other</u>	<u>Mother / other</u>
Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	_____	_____
Payroll address	_____	_____
Payroll city, state, zip	_____	_____
Scheduled paychecks per year	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52

A. YEARLY INCOME, OVERTIME, COMMISSIONS AND BONUSES FOR PAST THREE YEARS

	<u>Father / Other</u>			<u>Mother / Other</u>		
Base yearly income (employment income)	\$ _____	3 years ago	20 _____	\$ _____		
	\$ _____	2 years ago	20 _____	\$ _____		
	\$ _____	Last year	20 _____	\$ _____		
Yearly overtime, commissions and/or bonuses	\$ _____	3 years ago	20 _____	\$ _____		
	\$ _____	2 years ago	20 _____	\$ _____		
	\$ _____	Last year	20 _____	\$ _____		

B. COMPUTATION OF CURRENT INCOME

	<u>Father / Other</u>	<u>Mother / Other</u>
Base yearly income (employment income)	\$ _____	\$ _____
Average yearly overtime, commissions and/or bonuses over last 3 years (from part A)	\$ _____	\$ _____
Unemployment compensation	\$ _____	\$ _____
Disability benefits		
<input type="checkbox"/> Workers' Compensation		
<input type="checkbox"/> Social Security		
<input type="checkbox"/> Other: _____	\$ _____	\$ _____
Retirement benefits		
<input type="checkbox"/> Social Security		
<input type="checkbox"/> Other: _____	\$ _____	\$ _____
Spousal support received	\$ _____	\$ _____
Interest and dividend income (source)	\$ _____	\$ _____
Other income (type and source)	\$ _____	\$ _____
TOTAL YEARLY INCOME	\$ _____	\$ _____

Supplemental Security Income (SSI) or public assistance

\$ _____ \$ _____

Court-ordered child support that you receive for minor and/or dependent child(ren) not of the marriage or relationship

\$ _____ \$ _____

SECTION II – CHILDREN AND HOUSEHOLD RESIDENTS

Minor and/or dependent child(ren) who are adopted by or born to this affiant (YOUR children under the age of 18):

Name	Date of birth	Living with
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In addition to the above children there is/are in your household: *(enter numbers below)*

_____ adult(s) including yourself

_____ other minor and/or dependent child(ren) (children not listed above)

SECTION III – EXPENSES

List monthly expenses below for your present household.

A. CHILD RELATED EXPENSES

Court ordered child support paid for other children	\$	_____
Cost for child care	\$	_____
Special and unusual needs of child(ren) (not included elsewhere)	\$	_____
Unusual parenting time travel	\$	_____
	\$	_____
Other: _____	\$	_____
	\$	_____
TOTAL MONTHLY :		\$ _____

B. MANDATORY PAYROLL DEDUCTIONS

Mandatory retirement plan contribution	\$	_____
Union Dues	\$	_____
Uniform Fees	\$	_____
Other: _____	\$	_____
_____	\$	_____
TOTAL MONTHLY :		\$ _____

C. INSURANCE PREMIUMS

Medical	\$	_____
Dental	\$	_____
Vision	\$	_____
Other _____	\$	_____
TOTAL MONTHLY		\$ _____

D. MONTHLY HEALTH CARE EXPENSES

(not covered by insurance)

Physicians	\$	_____
Dentists	\$	_____
Optometrists/opticians	\$	_____
Prescriptions	\$	_____
Other _____	\$	_____
_____	\$	_____
TOTAL MONTHLY:		\$ _____

E. MISCELLANEOUS MONTHLY EXPENSES

Extraordinary obligations for other minor/handicapped child(ren) (not stepchildren)	\$	_____
Child support for children who were not born of this affiant	\$	_____
Spousal support paid to former spouse(s)	\$	_____
TOTAL MONTHLY:		_____

GRAND TOTAL MONTHLY EXPENSES (Sum of A through E): \$ _____

OATH

(Do not sign until notary is present.)

I, (print name) _____, swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

Your Signature

Sworn before me and signed in my presence this ____ day of _____, _____.

Notary Public
My Commission Expires:

**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 (Branch, Dates): _____	Ever been on Public Assistance? (When and Where) _____

EMPLOYER INFORMATION

Employer Name: _____	Employer Phone #: _____
Employer Address: _____ _____	Is Medical 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:			

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Employer Phone #:

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Medical Insurance
Provided?

--	--	--

Support Order #:

--	--	--

Date of Support Order:

--	--	--

Amount of Support:

\$	\$	\$
----	----	----

Order Frequency:

Per	Per	Per
-----	-----	-----

Location where Order
was issued:

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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)

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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: _____

**MONTGOMERY COUNTY COMMON PLEAS COURT
JUVENILE DIVISION - CLERK'S OFFICE**

INSTRUCTIONS FOR SERVICE

IN RE: _____ J.C. No. _____

IN RE: _____ J.C. No. _____

IN RE: _____ J.C. No. _____

PLEASE ISSUE SERVICE TO: _____ Check if a RE-ISSUE OF SERVICE

Name: _____ Notice Only

Address: _____

VIA: _____ Regular Mail _____ Certified Mail _____ Registered Mail* (International)
_____ Process Server* _____ Commercial Carrier* _____ Sheriff*

Name: _____ Notice Only

Address: _____

VIA: _____ Regular Mail _____ Certified Mail _____ Registered Mail* (International)
_____ Process Server* _____ Commercial Carrier* _____ Sheriff*

Name: _____ Notice Only

Address: _____

VIA: _____ Regular Mail _____ Certified Mail _____ Registered Mail* (International)
_____ Process Server* _____ Commercial Carrier* _____ Sheriff*

Name: _____ Notice Only

Address: _____

VIA: _____ Regular Mail _____ Certified Mail _____ Registered Mail* (International)
_____ Process Server* _____ Commercial Carrier* _____ Sheriff*

If checked, please send Notice Only copy to: *(check if case involves child support)*

Montgomery County CSEA, 1111 S. Edwin C. Moses Blvd., Dayton, OH 45417

*All unclaimed certified mail will automatically be reissued by regular US mail unless the filing party indicates otherwise.
If you do NOT want unclaimed mail to be re-sent by regular US mail, check here _____*

Filer's Name: _____ Phone #: _____