

**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

**MOTION TO TERMINATE SUPPORT  
AND FORGIVE ARREARS**

I, \_\_\_\_\_ (name) am currently  PAYING  RECEIVING  
child support for the child(ren) listed above.

I am asking the Court to: (check all that apply)

Terminate my child support order

Forgive the child support arrears (back support) owed.

The reason for this request is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I believe that the requested changes are in the child(ren)'s best interest.

\_\_\_\_\_  
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 \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
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><b>Father / Other</b></u>	<u><b>Mother / other</b></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)	\$ _____	\$ _____
<b>TOTAL YEARLY INCOME</b>	<b>\$ _____</b>	<b>\$ _____</b>

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: _____	\$	_____
	\$	_____
<b>TOTAL MONTHLY :</b>		\$ _____

B. MANDATORY PAYROLL DEDUCTIONS

Mandatory retirement plan contribution	\$	_____
Union Dues	\$	_____
Uniform Fees	\$	_____
Other: _____	\$	_____
_____	\$	_____
		=====
		=====
	<b>TOTAL MONTHLY :</b>	\$ _____

C. INSURANCE PREMIUMS

Medical	\$	_____
Dental	\$	_____
Vision	\$	_____
Other _____	\$	_____
		=====
		=====
	<b>TOTAL MONTHLY</b>	\$ _____

D. MONTHLY HEALTH CARE EXPENSES

(not covered by insurance)

Physicians	\$	_____
Dentists	\$	_____
Optometrists/opticians	\$	_____
Prescriptions	\$	_____
Other _____	\$	_____
_____	\$	_____
		=====
		=====
	<b>TOTAL MONTHLY:</b>	\$ _____

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)	\$	_____
		=====
		=====
	<b>TOTAL MONTHLY:</b>	_____

**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:			

--	--	--

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: \_\_\_\_\_

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

## JUVENILE COURT INFORMATION SHEET (PAGE 2)

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: \_\_\_\_\_

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