

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:

Minor child(ren)

Name

Street Address

City, State, and zip code

Plaintiff

JC# _____

JC# _____

JC# _____

SETS _____

Judge _____

Magistrate _____

vs. / and

Name

Street Address

City, State, and zip code

Defendant

MOTION FOR CONTEMPT

I, (print name) _____ am asking the Court to order the Defendant to Show Cause why he / she should not be found in Contempt of Court for failing to comply with the current court order for: *(check all that apply)*

VISITATION

CHILD SUPPORT

CUSTODY / SHARED PARENTING

I am filing this motion based on the information in the Affidavit on the following page.

WHEREFORE, the Plaintiff requests the Court to find the Defendant, *(name)* _____,
in contempt of court, and for *(optional - list any specific relief requested)* _____

And any other relief the Court finds just and equitable.

Respectfully Submitted,

Your Signature

Telephone number at which the Court may reach you
or at which messages 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: _____

NOTICE

TO THE PERSON SERVED WITH THIS NOTICE. YOU ARE ACCUSED OF CONTEMPT OF A COURT ORDER – YOU SHOULD READ THIS NOTICE.

- (1) A notice of a hearing date is attached. **Your failure to appear at this hearing may result in the issuance of an order for your arrest.** If this case involves alleged failure to pay support, the court may also issue an order for the payment of support by withholding an amount from your personal earnings or by withholding or deducting an amount from some other asset of yours.
- (2) You have a right to be represented by legal counsel in this matter. If you believe that you are indigent, you must apply for a public defender or court appointed counsel within three (3) business days after receipt of the attached summons. THE ADDRESS OF THE MONTGOMERY COUNTY PUBLIC DEFENDER’S OFFICE IS 117 S. MAIN STREE, SUITE 400, DAYTON, OHIO 45422 THIS IS LOCATED IN THE REIBOLD BUILDING.
- (3) The court may refuse to grant you a continuance at the time of the hearing for the purpose of obtaining counsel, if you fail to make a good faith effort to retain counsel or to obtain a public defender.

STATUTORY PENALTIES: FOR A FIRST OFFENSE, YOU MAY BE FINED NOT MORE THAN \$250.00 AND IMPRISONED NOT MORE THAN THIRTY DAYS OR BOTH. FOR A SECOND OFFENSE, YOU MAY BE FINED NOT MORE THAN \$500.00 AND IMPRISONED NOT MORE THAN SIXTY DAYS, OR BOTH. FOR A THIRD OFFENSE, YOU MAY BE FINED NOT MORE THAN \$1,000.00 AND IMPRISONED NOT MORE THAN 90 DAYS, OR BOTH. (R.C. §2705.05)

IMPRISONMENT UNTIL COMPLIANCE: IF YOUR CONTEMPT CONSISTS OF THE OMISSION TO DO AN ACT WHICH THE COURT FINDS YOU CAN YET PERFORM, YOU MAY BE IMPRISONED UNTI LYOU PERFORM IT. (R.C. §2705.06)

SUPPORT CONTEMPT: IF YOU ARE FOUND IN CONTEMPT FOR FAILURE TO MAKE CHILD SUPPORT OR SPOUSAL SUPPORT PAYMENTS, AS ORDERED, IN ADDITION TO ALL OTHER PENALTIES, THE COURT MUST ORDER YOU TO PAY COURT COSTS, AND REASONABLE ATTORNEY FEES TO THE OTHER PARTY. (R.C. §3105.21; §3113.31(K); & §3105.18(G)). IN ADDITION, IF THE COURT FINDS YOUR FAILURE TO PAY CHILD SUPPORT WAS WILLFUL, IT MUST REQUIRE YOU TO PAY INTEREST ON YOUR CHILD SUPPORT ARREARAGES. (R.C. §3123.17)

HEALTH INSURANCE CONTEMPT: IF YOU ARE FOUND IN CONTEMPT FOR FAILURE TO COMPLY WITH HEALTH INSURANCE ORDERS RELATING TO MINOR CHILDREN, YOU ARE LIABLE FOR ANY MEDICAL EXPENSES INCURRED AS A RESULT OF YOUR FAILURE, AND UPON A SECOND OFFENSE, YOUR CHILD SUPPORT OBLIGATION MAY BE INCREASED (R.C. §3119.56)

VISITATION CONTEMPT: IF YOU ARE FOUND IN CONTEMPT FOR FAILURE TO COMPLY WITH OR INTERFERENCE WITH ANY COMPANIONSHIP OR VISITATION RIGHTS IN ADDITION TO ALL OTHER PENALTIES, THE COURT MUST ORDER YOU TO PAY ALL COURT COSTS AND REASONABLE ATTORNEY FEES TO THE OTHER PARTY, AND MAY ALSO AWARD COMPENSATORY VISITATION TIME (R.C. §2705.031)

ADDITIONAL PENALTIES: IN ADDITION TO ALL PENALTIES IMPOSED BY STATUTE, THE COURT HAS THE INHERENT POWER TO IMPOSE ADDITIONAL SANCTIONS FOR CONTEMPT OF COURT. (Hale v. State, 55 Ohio St. 210(1896); Zakany v. Zakany, 9 Ohio St. 3d. 192 (1984)).

**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 #: _____