

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

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

IN THE MATTER OF:

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

Minor child(ren)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, and zip code

Petitioner

vs. / and

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, and zip code

Respondent

JC# \_\_\_\_\_

JC# \_\_\_\_\_

JC# \_\_\_\_\_

SETS \_\_\_\_\_

Judge \_\_\_\_\_

Magistrate \_\_\_\_\_

**WARNING: This form is not a substitute for the benefit of the advice of legal counsel.  
It is highly recommended that you consult an attorney.**

**Instructions:** This form is used to request a change in the parenting time (companionship and visitation) order. An Instructions for Service and Parenting Proceeding Affidavit must be filed with this Motion. **YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES.**

**MOTION FOR CHANGE OF PARENTING TIME (COMPANIONSHIP AND VISITATION)**

Now comes \_\_\_\_\_ (name), the Movant, and requests a change in the existing parenting time (companionship and visitation) order filed on \_\_\_\_\_ (date) regarding the following minor child(ren):

**Name of Child**

**Date of Birth**

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Parental rights and responsibilities are currently allocated as follows:

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Movant requests that the Court change the parenting time (companionship and visitation) order because:

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Movant requests that the Court change the existing parenting time (companionship and visitation) order as follows:

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Movant believes that the requested changes are in the child(ren)'s best interest.

Movant requests that the Court order the following: *(check all that apply)*

- Assessing reasonable attorney fees;       Assessing Court costs of the proceedings;
- and any further relief deemed proper.

\_\_\_\_\_  
Attorney or Self Represented Party Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Supreme Court Reg No. (if any)

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

IN THE MATTER OF:

\_\_\_\_\_ **JC#** \_\_\_\_\_

\_\_\_\_\_ **JC#** \_\_\_\_\_

\_\_\_\_\_ **JC#** \_\_\_\_\_

Minor Child(ren)

\_\_\_\_\_ **SETS** \_\_\_\_\_  
Plaintiff/Petitioner

**JUDGE** \_\_\_\_\_

v./and

**MAGISTRATE** \_\_\_\_\_

\_\_\_\_\_   
Defendant/Petitioner/Respondent

**Instructions:** Check local court rules to determine when this form must be filed. By law, an affidavit must be filed and served with any Complaint, Petition or Motion regarding the allocation of parental rights and responsibilities, parenting time, custody, or visitation. Each party has a continuing duty while this case is pending to inform the Court of any parenting proceeding concerning the child(ren) in any other court in this or any other state. **If more space is needed, add additional pages.**

**PARENTING PROCEEDING AFFIDAVIT (R.C. 3127.23(A))**

**Affidavit of** \_\_\_\_\_  
(Print Your Name and Relationship to Child)

**ONLY CHECK THE FOLLOWING BOX IF YOU BELIEVE THAT THE HEALTH, SAFETY, OR LIBERTY OF YOURSELF OR YOUR CHILD(REN) WOULD BE JEOPARDIZED BY THE DISCLOSURE OF YOUR ADDRESS OR IDENTIFYING INFORMATION. YOU ACKNOWLEDGE THAT THE COURT MAY CONDUCT A HEARING REGARDING THE BASIS FOR YOUR REQUEST.**

Pursuant to R.C. 3127.23 (D), I allege that my health, safety, or liberty or that of my child(ren) would be jeopardized by the disclosure of identifying information to my spouse or the public. Therefore, I request that my address be placed under seal. I have marked the corresponding box next to each address I am requesting to be sealed.

**1. (Number): \_\_\_\_\_ Minor child(ren) is/are subject to this case as follows:**

Insert the information requested below for all minor or dependent children of this relationship. You must list the residences for all places where the children have lived for the last **FIVE** years.

**d. Child's Name:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Sex:**  Male  Female

<u>Period of Residence</u>	<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived (name &amp; address)</u>	<u>Relationship</u>
_____ to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____

**b. Child's Name:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Sex:**  Male  Female

Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

<u>Period of Residence</u>	<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived (name &amp; address)</u>	<u>Relationship</u>
_____ to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____

**c. Child's Name:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Sex:**  Male  Female

Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

<u>Period of Residence</u>	<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived (name &amp; address)</u>	<u>Relationship</u>
_____ to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____

d. Additional children are listed on Attachment 1(d). (Provide requested information for additional children on an attachment labeled 1(d).

**2. Participation in custody case(s): (Check only one box)**

**I HAVE NOT** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of, or visitation (parenting time) with, any child subject to this case.

**I HAVE** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of, or visitation (parenting time) with, any child subject to this case.

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

a. Name of each child: \_\_\_\_\_

b. Type of case: \_\_\_\_\_

c. Court and State: \_\_\_\_\_

d. Date and court order or judgement (if any): \_\_\_\_\_

**3. Information about custody case(s): (Check one box only)**

**I HAVE NO INFORMATION** concerning cases that could affect the current case, including any cases relating to custody; domestic violence or protection orders; dependency, neglect or abuse allegations; or adoptions concerning a child subject to this case.

**I HAVE THE FOLLOWING INFORMATION** concerning cases that could affect the current case, including any cases relating to custody; domestic violence or protection orders; dependency, neglect or abuse allegations; or adoptions concerning a child subject to this case other than listed in Paragraph 2.

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

e. Name of each child: \_\_\_\_\_

f. Type of case: \_\_\_\_\_

g. Court and State: \_\_\_\_\_

h. Date and court order or judgement (if any): \_\_\_\_\_

**4. Information about criminal convictions:**

List all of the criminal convictions, including guilty pleas, for you and the members of your household for the following offenses: any criminal offense involving acts that resulted in a child being abused or neglected; any domestic violence offense that is a violation of R.C. 2919.25; any sexually oriented offense as defined in R.C. 2950.01; and any offense involving a victim who was a family or household member at the time of the offense and caused physical harm to the victim during the commission of the offense.

<u>Name</u>	<u>Case Number</u>	<u>Court/State/County</u>	<u>Charge</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**5. Persons not a party to this case: (Check only one box)**

**I DO NOT KNOW OF ANY PERSON** not a party to this case who has physical custody or claims to have custody or visitation rights with respect to any child subject to this case.

**I KNOW THAT THE FOLLOWING NAMED PERSON(S)** not a party to this case has/have physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this case.

a. Name / Address of Person: \_\_\_\_\_

has physical custody                      claims custody rights                      claims visitation rights

Name of each child: \_\_\_\_\_

b. Name / Address of Person: \_\_\_\_\_

has physical custody                      claims custody rights                      claims visitation rights

Name of each child: \_\_\_\_\_

c. Name / Address of Person: \_\_\_\_\_

has physical custody                      claims custody rights                      claims visitation rights

Name of each child: \_\_\_\_\_

**OATH**

(Do Not Sign Until Notary is Present)

I, (print name) \_\_\_\_\_, swear or affirm that I have read this Affidavit and, to the best of my knowledge and belief, the facts and information stated in this Affidavit 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

\_\_\_\_\_  
Printed Name of Notary

(Affix seal here)

Commission Expiration Date: \_\_\_\_\_



**MONTGOMERY COUNTY COMMON PLEAS COURT  
JUVENILE DIVISION**

**INSTRUCTIONS FOR SERVICE**

\_\_\_\_\_ **Check if a Reissue of Service**

IN RE: \_\_\_\_\_ J.C. No. \_\_\_\_\_

IN RE: \_\_\_\_\_ J.C. No. \_\_\_\_\_

IN RE: \_\_\_\_\_ J.C. No. \_\_\_\_\_

**TO THE CLERK OF COURT:** Please serve the following parties with the documents indicated below:

**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

Please serve the following documents to the parties listed above: *(check all that apply)*

- All Complaint(s) / Motion(s)     Affidavit of Income and Expenses     Parenting Proceeding Affidavit  
 Proposed Shared Parenting Plan     Agreed Entry     Other: (specify) \_\_\_\_\_

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