

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

Plaintiff / Petitioner

vs. / and

Name

Street Address

City, State, Zip Code

Defendant / Respondent

**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 child support or child support related matters. An Instructions for Service, Affidavit of Income and Expenses, and an Application for Child Support Services must be filed with this Motion. The Court may require additional forms to accompany this document. **YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES.**

**MOTION FOR CHANGE (INCREASE / DECREASE) OF CHILD SUPPORT
TAX EXEMPTION, OR OTHER CHILD-RELATED EXPENSES**

Now comes _____ (name), the Movant, and requests a change in the obligation to provide support or the right to receive support for the minor child(ren) as follows: *(check all that apply)*

- The amount of child support or cash medical support.
- The person responsible for providing health insurance.
- The division of non-insured health care expenses.
- The person who can claim the child(ren) as dependents for tax purposes.
- Other child-related expenses. *(specify):* _____

Since the Court issued the existing Order, Circumstances have changed as follows:

Movant Requests that the Court change the existing order as follows:

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 RE:

Minor Child(ren)

JC# _____
JC# _____
JC# _____

Plaintiff/Petitioner

v./and

Defendant/Respondent

SETS _____
Judge _____
Magistrate _____

Instructions: Check local court rules to determine when this form must be filed. This affidavit is used to make complete disclosure of income, expenses, and money owed. It is used to determine child support. Do not leave a category blank. For each item, if none, put "NONE". If you do not know the exact figures for any item, give your best estimate, and put "EST". If you need more space, use additional pages.

AFFIDAVIT OF INCOME, AND EXPENSES

Affidavit of _____
Print Your Name and Relationship To The Child

SECTION I – BASIC INFORMATION

Plaintiff/Petitioner 1

Date of Birth: _____

Health: Good Fair Poor

If health is not good, please explain:

Plaintiff/Petitioner 2 (if filing jointly)

Date of Birth: _____

Health: Good Fair Poor

If health is not good, please explain:

Plaintiff/Petitioner 2 (if filing jointly)

Education: (Check highest level achieved)
 Grade School High School Associate
 Bachelor's Post Graduate

Education: (Check highest level achieved)
 Grade School High School Associate
 Bachelor's Post Graduate

Other Technical Certifications:

Other Technical Certifications:

Active Member of the U.S. Military
 Yes No

Active Member of the U.S. Military
 Yes No

SECTION II - INCOME

	<u>Plaintiff/Petitioner 1</u>	<u>Plaintiff/Petitioner 2</u>
Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Employment		
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

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

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 III – CHILDREN AND HOUSEHOLD RESIDENTS

Minor and/or dependent child(ren) who is/are adopted by or born from this marriage or relationship:

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

In addition to the above children:

Plaintiff/Petitioner has _____ other minor biological or adopted child(ren).

Defendant/Respondent has _____ other minor biological or adopted child(ren).

There are _____ adults in your household.

SECTION IV – 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 OR AFFIRMATION

(Do not sign until Notary Public is present)

I, (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

State of _____)
) SS
County of _____)

Sworn to or affirmed before me by _____ this _____ day of _____, 20____.

Notary Public

Printed Name of Notary Public

(Affix seal here) Commission Expiration Date: _____

**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:

--	--	--

Military Service
(Branch, Dates):

--	--	--

Ever Incarcerated?
(Location, Dates):

--	--	--

Arrest Record
(Location, Dates):

--	--	--

Name, Address
Current Spouse:

Father's Name:

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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**

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 #: _____