

**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 THE MATTER OF:

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

**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 the enforcement of a Court order and hold the other party in contempt for violating the Court order. **YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES.**

MOTION FOR CONTEMPT, AFFIDAVIT, AND NOTICE

Now comes _____ (name), the Movant, and requests an order for _____ (other party's name) to appear and show cause why he/she should not be held in contempt for violating a Court order regarding the following:

(check all that apply)

- 1. Interference with parenting time or other parenting orders filed on (date) _____ as follows: *(attach additional pages if needed)*

- 2. Failure to pay child support as required by the order filed on _____ (date)
The total arrearage owed is \$ _____ as reflected in the attached printout from the Montgomery County Child Support Enforcement Agency.
- 3. Failure to pay or reimburse health care expenses incurred for the minor child(ren) as required by the order filed on _____ (date). The total amount owed is \$ _____ as reflected in the attached Explanation of Health Care Bills (Uniform Juvenile Form 8).

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

- Finding _____ (other party's name) in contempt of Court;
- 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)

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: _____

NOTICE

1. Failure to appear as ordered may result in the issuance of a bench warrant for an immediate arrest.
2. Failure to appear may result in an immediate income withholding or deduction.
3. You have the right to be represented by an attorney.
4. If you cannot afford an attorney, you must apply for a public defender or appointed counsel, as appropriate, within three days after receipt of this show cause order.

The Montgomery County Public Defender's Office is located at:
Reibold Building
117 S Main St
Dayton, OH 45422
Phone: 937-225-4652

5. A continuance may not be granted to obtain counsel if you have made no good faith effort to secure one.
6. If found guilty, you may be sentenced as follows:
 - a. First offense – a fine of not more than \$250.00 and/or a definite term of imprisonment of not more than thirty (30) days in jail or both.
 - b. Second offense – a fine of not more than \$500.00 and/or a definite term of imprisonment of not more than sixty (60) days in jail or both.
 - c. Third offense – a fine of not more than \$1000.00 and/or a definite term of imprisonment of not more than ninety (90) days in jail or both.
7. The Court may grant you limited driving privileges under R.C. 4510.021 if your driver's license was suspended based on a notice issued by a child support enforcement agency because you are in default under a child support order or you have failed to comply with a subpoena or warrant issued by a court or agency with respect to a proceeding to enforce a child support order. You must request limited driving privileges and your request must be accompanied by a recent copy of your driver's abstract driving record from the registrar of motor vehicles.

**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 #: _____

Name of Child: _____

Case No. _____

Instructions: This form is used when you are claiming the other party has not paid health care bills. **Use a separate form for each child.** A Motion for Contempt and Affidavit (Uniform Domestic Relations Form 24/Uniform Juvenile Form 3) and a Show Cause Order and Notice to the Clerk (Uniform Domestic Relations Form 25/Uniform Juvenile Form 4) must be filed. You must bring copies of health care bills, Explanation of Benefits forms, and proof of payment to the hearing. Be prepared to indicate the amount owed to you, service providers, collection agencies, or other entities. **If more space is needed, add additional pages.** The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file.

EXPLANATION OF HEALTH CARE BILLS

<u>Date of Treatment</u>	<u>Name of Service Provider (e.g., Doctor, Dentist, Therapist, Hospital) & Services Provided</u>	<u>Total Bill</u>	<u>Date Bill Sent to Other Party</u>	<u>Amount Insurance Paid</u>	<u>Amount You Paid</u>	<u>Amount Paid by Other Party</u>	<u>Amount of Unpaid Bill</u>	<u>Amount Due from Other Party</u>

Total Amount of Claim \$ _____

Your Signature

Date