# 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 pa	arents of this child ever married? (ch	eck one) Yes	No	
	PLEASE PRINT LEGIBLY OR T	TYPE THE FOLLOWING IN	IFORMATION:	
SETS # (if applicab	le)			
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 currer	<b>it residence</b> (street address):			
	(City, State, Zip)			
2. Filing party:				
Relationship to the	e child (mother/father/grandparent, e	etc.):		
Mailing address: (S	Street Address):			
(	City, State, Zip)			
Social Security Nu	mber:	Date of Birth:		
Email Address:		(	Cell Phone #:	
-	t-in to receive text message/email 1 may cancel at any time by replying		tions about upcoming c	ourt dates.
3. Respondent:				
Relationship to th	e child (mother/father/grandparent, e	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):					
ADDITIONAL PARTIES					
5. Additional Party:					
Relationship to the child (mother/father/grandp	arent, etc.):				
Mailing address: (Street Address):					
(City, State, Zip)					
SSN (if known):	Date of Birth:				
6. Additional Party:					
Relationship to the child (mother/father/grandp	arent, etc.):				
Mailing address: (Street Address):					
(City, State, Zip)					
SSN (if known):	Date of Birth:				
7. Additional Party:					
Relationship to the child (mother/father/grandp	arent, etc.):				
Mailing address: (Street Address):					
(City, State, Zip)					
SSN (if known):					

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

IN THE MATTER OF:		
		JC#
		JC#
		JC#
	Minor child(ren)	
		SETS
Name		Judge
Street Address		-
City, State, and zip code		Magistrate
	Petitioner	
vs. / and		
Name		
Street Address		
City, State, and zip code		
	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.

<u>Instructions</u>: 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 come	s		(name), the Movant, and requests an order					
for		(other party's name) to appear and show cause why						
he/she show	uld r	not be held in contempt for violating a	Court order regarding the following:					
(check all i	that	apply)						
1.		as follows: (attach additional pages in	her parenting orders filed on (date)					
2.			ed by the order filed on(date) as reflected in the attached printout from the nforcement Agency.					
3.		by the order filed on	th care expenses incurred for the minor child(ren) as required (date). The total amount owed is the attached Explanation of Health Care Bills (Uniform					
Movant rec	Jues	ts that the Court order the following: (ca	heck all that apply)					
	-	- · ·	(other party's name) in contempt of Court;					
		ng reasonable attorney fees;						
□ Ass	essi	ng Court costs of the proceedings;						
and	d ang	y further relief deemed proper.						
			Attorney or Self Represented Party Signature					
			Printed Name					
			Address					
			City, State, Zip					
			Phone Number					

E-mail

Fax Number

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

K OF COURT: Please	serve the following p	_ J.C. No. _ J.C. No. parties with the 	 Registered Mail (2	ed below: □ Notice Only - -
K OF COURT: Please	serve the following p	_ J.C. No.	e documents indicat 	ed below: □ Notice Only - -
K OF COURT: Please	serve the following p	parties with the	e documents indicat 	ed below: □ Notice Only - -
Regular Mail Process Server	Certified M	1ail	 Registered Mail (2	□ Notice Only - -
Regular Mail Process Server	Certified M Commercial	1ail	Registered Mail (1	-
Regular Mail Process Server	Certified M Commercial	1ail	Registered Mail (1	-
Process Server	Commercial			- International)
				□ Notice Onl
				_
Regular Mail Process Server	Certified M Commercial	Iail Carrier	_ Registered Mail () Sheriff	- International)
				□ Notice Onl
				_
				- International)
				□ Notice Onl
				_
				– onal)
$uint(s) / Motion(s) \square$	Affidavit of Income	and Expenses	$\square$ Parenting Pro	
	Process Server  Regular Mail Process Server  egular Mail Process Server  ease send Notice Only nery County CSEA, 111 ollowing documents to nint(s) / Motion(s) hared Parenting Plan  will automatically be reissi	Process Server      Commercial         Regular Mail      Certified M         Process Server      Commercial         egular Mail      Certified Mail         Process Server      Commercial         egular Mail      Certified Mail         Process Server      Commercial         ease send Notice Only copy to: (check if can         hery County CSEA, 1111 S. Edwin C. Moses         ollowing documents to the parties listed above         wint(s) / Motion(s)       □ Affidavit of Income         hared Parenting Plan       □ Agreed Entry       □         I will automatically be reissued by regular US mail un	Process ServerCommercial Carrier    Regular MailCertified Mail Process ServerCommercial Carrier  egular MailCertified MailRegist Process ServerCommercial Carrier  ease send Notice Only copy to: (check if case involves chery County CSEA, 1111 S. Edwin C. Moses Blvd., Dayto ollowing documents to the parties listed above: (check all int(s) / Motion(s) □ Affidavit of Income and Expenses hared Parenting Plan □ Agreed Entry □ Other: (speceed)	Process ServerCommercial CarrierSheriff ease send Notice Only copy to: (check if case involves child support) hery County CSEA, 1111 S. Edwin C. Moses Blvd., Dayton, OH 45417 ollowing documents to the parties listed above: (check all that apply) hint(s) / Motion(s)

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

Your Signature

Date

Total Amount of Claim \$