

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

yes    no    **Opt-in to receive text message/email reminders and notifications about upcoming court dates.  
You may cancel at any time by replying STOP.**

**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)

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

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

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

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City, State, and zip code

SETS \_\_\_\_\_

Judge \_\_\_\_\_

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.**

**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)



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

