

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: _____

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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:

A Minor Child

JC# _____

SETS# _____

Name

JUDGE _____

MAGISTRATE _____

Street Address

City, State, Zip Code

Petitioner

vs. / and

Name

Street Address

City, State, Zip Code

Respondent

**MOTION FOR RELIEF
FROM PATERNITY
AND AFFIDAVIT IN SUPPORT**

Instructions: This form is used to request child support related matters. An Instructions for Service and an Application for Child Support Services must be filed with this Motion. The Court may require additional forms to accompany this document. **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.

NOW COMES (name) _____ and, for the reasons set forth below, hereby moves the Court to issue an Order disestablishing paternity of the above named minor child, and to terminate child support (if applicable). An Affidavit in Support and the results of a genetic test administered within the last six (6) months establishing that I am not the child's biological father are attached hereto and incorporated herein.

Respectfully Submitted,

(sign)

(print name)

(address)

(phone number)

AFFIDAVIT

1. I, _____ (name), am the Plaintiff.
2. I am the presumed Father of _____ (child) because:
(check all that apply)
 - a. I voluntarily signed an acknowledgment of paternity and/or my name is on the child's birth certificate as father.
 - b. I was married to the Mother of the child at the time of child's birth or within 300 days of the child's date of birth.
 - c. At the time the child was born I did not know that I was not his/her biological father.
3. My date of birth is _____.
4. The child's date of birth is _____.
5. Defendant _____ (name), is the Mother of the child.
6. The child is not my adopted child.
7. The child was not conceived as a result of artificial insemination.
8. I submitted genetic material for the genetic testing.
9. The results of the genetic testing show that I am not the child's biological father.
10. The genetic testing results are not more than six (6) months old.
11. The results of the genetic testing are attached to this Motion.

OATH

(Do not sign until notary is present.)

I, (print 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

Sworn before me and signed in my presence this ____ day of _____, 20____.

Notary Public

My Commission Expires _____

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 <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Relationship to Children: _____	
Military Service _____	Ever been on _____
(Branch, Dates): _____ _____ _____	Public Assistance? _____ (When and Where) _____ _____

EMPLOYER INFORMATION

Employer Name: _____	Employer Phone #: _____
Employer _____	Is Medical Insurance Available? _____
Address: _____ _____ _____	

	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:			

Employer Phone #:		
Medical Insurance Provided?		
Support Order #:		
Date of Support Order:		
Amount of Support:	\$	\$
Order Frequency:	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:		
Mother's Name (Maiden):		
Ever been on Public Assistance? (Location, Dates)		

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 #:** _____