

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

IN THE MATTER OF:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Minor child(ren)

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

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

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

\_\_\_\_\_  
Name

SETS \_\_\_\_\_

\_\_\_\_\_  
Street Address

Judge \_\_\_\_\_

\_\_\_\_\_  
City, State, and zip code

Magistrate \_\_\_\_\_

Petitioner

vs. / and

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, and zip code

Respondent

\_\_\_\_\_  
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 a change in the parenting time (companionship and visitation) order. An Instructions for Service and Parenting Proceeding Affidavit must be filed with this Motion. **YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES.**

**MOTION FOR CHANGE OF PARENTING TIME (COMPANIONSHIP AND VISITATION)**

Now comes \_\_\_\_\_ (name), the Movant, and requests a change in the existing parenting time (companionship and visitation) order filed on \_\_\_\_\_ (date) regarding the following minor child(ren):

Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____

Parental rights and responsibilities are currently allocated as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Movant requests that the Court change the parenting time (companionship and visitation) order because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Movant requests that the Court change the existing parenting time (companionship and visitation) 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)

**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 \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:  
\_\_\_\_\_