

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) _____ Gender _____ Race _____

CHILD 2: Name: _____ **JC#** _____

DOB _____ SSN (if known) _____ Gender _____ Race _____

CHILD 3: Name: _____ **JC#** _____

DOB _____ SSN (if known) _____ Gender _____ Race _____

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: _____ Phone Number _____

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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:

JC# _____
JC# _____
JC# _____

Minor Child(ren)

SETS# _____

JUDGE _____

Name

MAGISTRATE _____

Street Address

City, State, Zip Code

Petitioner

vs. / and

Name

Street Address

City, State, Zip Code

Respondent

Instructions: One original per child. Consult with local rules to determine what else may be required with this filing. This form is used to be legally recognized as the parent of the child, be named as the residential parent, or obtain visitation with the child(ren). The Parenting Proceeding Affidavit and the Affidavit of Income and Expenses are attached.
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.

COMPLAINT FOR PARENTAGE

1. I, _____ (name), am the Plaintiff and the
 (select one) Alleged Father Mother _____ (other)
 of the following child(ren):

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

2. The Defendant, _____ (name), is the
 Alleged Father Mother of the above child(ren).

3. The child(ren) has resided in _____ County, Ohio since _____
 (date residence established) as set out in the Parenting Proceeding Affidavit.

4. The parent-child relationship has not been established for the following child(ren):

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

**A copy of the birth certificate will need to be presented at the initial hearing on this matter.*

5. No court has issued an order of parenting or support for the following child(ren).

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

6. The following child(ren) is/are subject to an existing order of parenting or support of another Court:

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

7. I request that the Court (check all that apply):

Order genetic testing and determine the father of the child(ren)

Name _____ (alleged Father's Name)

as the Father of the following child(ren):

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

Correct the child(ren)'s birth certificate to indicate the child(ren)'s father

Change the child(ren)'s last name to _____

Order the appropriate amount of child support for the child, allocate the income tax dependency exemption, and determine who should provide health insurance coverage for the child.

Other (specify): _____

8. The reason for this Complaint is:

The Petitioner/Movant believes these requests are in the child(ren)'s best interest.

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:

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

IN RE:

JC# _____

JC# _____

JC# _____

Minor Child(ren)

SETS

Judge

Magistrate

Plaintiff/Petitioner

v./and

Defendant/Respondent

Instructions: Check local court rules to determine when this form must be filed. This affidavit is used to make complete disclosure of income, expenses, and money owed. It is used to determine child support. Do not leave a category blank. For each item, if none, put "NONE". If you do not know the exact figures for any item, give your best estimate, and put "EST". If you need more space, use additional pages.

AFFIDAVIT OF INCOME, AND EXPENSES

Affidavit of _____
(Your Name and relation to the child)

SECTION I – BASIC INFORMATION

Plaintiff/Petitioner 1

Defendant/Petitioner 2

D.O.B: _____ Last 4 of S.S. #: _____

D.O.B: _____ Last 4 of S.S #: _____

Is an Interpreter needed? Yes No
If yes explain: _____

Is an Interpreter needed? Yes No
If yes explain: _____

Health: Good Fair Poor
If health is not good, please explain:

Health: Good Fair Poor
If health is not good, please explain:

SECTION I – BASIC INFORMATION (continued)

Plaintiff/Petitioner 1

Education: *(Check highest level achieved)*

- Grade School High School Associate
 Bachelor’s Post Graduate

Other Technical Certifications:

Active Member of the U.S. Military

- Yes No

Defendant/Petitioner 2

Education: *(Check highest level achieved)*

- Grade School High School Associate
 Bachelor’s Post Graduate

Other Technical Certifications:

Active Member of the U.S. Military

- Yes No

SECTION II - INCOME

Plaintiff/Petitioner 1

Plaintiff/Petitioner 2

	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employed		
Date of Employment	_____	_____
Employer	_____	_____
Payroll address	_____	_____
Payroll city, state, zip	_____	_____
Scheduled paychecks per year	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52

A. YEARLY INCOME, OVERTIME, COMMISSIONS AND BONUSES FOR PAST THREE YEAR

Base yearly income (employment income)		\$ _____ Last Year	20		\$ _____
		\$ _____ 2 years ago	20		\$ _____
		\$ _____ 3 years ago	20		\$ _____
Yearly overtime, commissions and/or bonuses		\$ _____ Last Year	20		\$ _____
		\$ _____ 2 years ago	20		\$ _____
		\$ _____ 3 years ago	20		\$ _____

B. COMPUTATION OF CURRENT INCOME

Base yearly income (employment income)		\$ _____			\$ _____
Average yearly overtime, commissions and/or bonuses over last 3 years (from part A)		\$ _____			\$ _____

Unemployment compensation	\$ _____	\$ _____
Disability benefits		
<input type="checkbox"/> Workers' Compensation		
<input type="checkbox"/> Social Security		
<input type="checkbox"/> Other: _____	\$ _____	\$ _____
Retirement benefits		
<input type="checkbox"/> Social Security		
<input type="checkbox"/> Other: _____	\$ _____	\$ _____
Spousal support received	\$ _____	\$ _____
Interest and dividend income (source) _____	\$ _____	\$ _____
Other income (type and source) _____	\$ _____	\$ _____
TOTAL YEARLY INCOME	\$ _____	\$ _____
Supplemental Security Income (SSI) or Public Assistance	\$ _____	\$ _____
Court-ordered child support that you receive for minor and/or dependent child(ren) not of the marriage or relationship	\$ _____	\$ _____

SECTION IV – CHILDREN AND HOUSEHOLD RESIDENTS

Minor and/or dependent child(ren) who is/are adopted by or born from this relationship:

Name	Date of birth	Living with
_____	_____	_____
_____	_____	_____
_____	_____	_____

In addition to the above children:

Plaintiff/Petitioner 1 has _____ other minor biological or adopted child(ren).

Defendant/Petitioner 2 has _____ other minor biological or adopted child(ren).

There are _____ adults in your household.

SECTION IV – EXPENSES

List monthly expenses below for your present household

A. HOUSING AND OTHER LIVING EXPENSES

Rent or first mortgage (including taxes and insurance)	\$	_____
Second mortgage/equity line of credit	\$	_____
Homeowner or condominium association fee	\$	_____
Utilities (electric, gas/propane, water/sewer, trash, phone, cable/internet)	\$	_____
Food (groceries including food paper cleaning products and toiletries)	\$	_____
Transportation (car loan/lease, gas, parking, public transportation)	\$	_____
Other: _____	\$	_____
TOTAL MONTHLY :		\$ _____

B. MONTHLY MINOR CHILD-RELATED EXPENSES

Child care	\$	_____
Extraordinary parenting time travel cost	\$	_____
School tuition/lunches/supplies	\$	_____
Extracurricular activities and lessons	\$	_____
Clothing	\$	_____
Other: _____	\$	_____
TOTAL MONTHLY :		\$ _____

C. INSURANCE PREMIUMS

Medical	\$	_____
Dental	\$	_____
Vision	\$	_____
Other _____	\$	_____
TOTAL MONTHLY :		\$ _____

D. MONTHLY HEALTH CARE EXPENSES (not covered by insurance)

Physicians	\$	_____
Dentists	\$	_____
Optometrists/opticians	\$	_____
Prescriptions	\$	_____
Other _____	\$	_____
_____	\$	_____
TOTAL MONTHLY:		\$ _____

E. MONTHLY WORK AND EDUCATION EXPENSES FOR SELF

Mandatory Work expenses (union dues, uniforms or other)	\$	_____
Additional income taxes paid (not deducted from wages)	\$	_____
Tuition, books, fees and other	\$	_____
College loan	\$	_____
TOTAL MONTHLY:		\$ _____

F. MISCELLANEOUS MONTHLY EXPENSES

Extraordinary obligations for other minor/handicapped child(ren) [for child(ren) not born of this marriage or relationship and were not adopted by these parties]	\$	_____
Child support for child(ren) who were not born of this marriage or relationship and were not adopted by these parties	\$	_____
Expenses paid for adult child(ren) or other dependents	\$	_____
Spousal support paid to former spouse(s)	\$	_____
Other: _____	\$	_____
TOTAL MONTHLY:		\$ _____

G. MONTHLY INSALLMENT PAYMENTS INCLUDING BANKRUPTCY PAYMENTS

Examples: car, credit card, rent to own, or cash advance payments (Do not repeat expenses already listed)

To whom paid	Purpose	Balance due	Monthly payment
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

GRAND TOTAL MONTHLY EXPENSES (Sum of A through G):

\$ _____

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

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

Notary Public

Printed Name of Notary Public

(Affix seal here)

Commission Expiration Date: _____

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

IN THE MATTER OF:

_____ **JC#** _____

_____ **JC#** _____

_____ **JC#** _____

Minor Child(ren)

_____ **SETS** _____

Plaintiff/Petitioner **JUDGE** _____

v./and

MAGISTRATE _____

_____ Defendant/Petitioner/Respondent

Instructions: Check local court rules to determine when this form must be filed. By law, an affidavit must be filed and served with any Complaint, Petition or Motion regarding the allocation of parental rights and responsibilities, parenting time, custody, or visitation. Each party has a continuing duty while this case is pending to inform the Court of any parenting proceeding concerning the child(ren) in any other court in this or any other state. **If more space is needed, add additional pages.**

PARENTING PROCEEDING AFFIDAVIT (R.C. 3127.23(A))

Affidavit of _____
(Print Your Name and Relationship to Child)

ONLY CHECK THE FOLLOWING BOX IF YOU BELIEVE THAT THE HEALTH, SAFETY, OR LIBERTY OF YOURSELF OR YOUR CHILD(REN) WOULD BE JEOPARDIZED BY THE DISCLOSURE OF YOUR ADDRESS OR IDENTIFYING INFORMATION. YOU ACKNOWLEDGE THAT THE COURT MAY CONDUCT A HEARING REGARDING THE BASIS FOR YOUR REQUEST.

Pursuant to R.C. 3127.23 (D), I allege that my health, safety, or liberty or that of my child(ren) would be jeopardized by the disclosure of identifying information to my spouse or the public. Therefore, I request that my address be placed under seal. I have marked the corresponding box next to each address I am requesting to be sealed.

1. (Number): _____ Minor child(ren) is/are subject to this case as follows:

Insert the information requested below for all minor or dependent children of this relationship. You must list the residences for all places where the children have lived for the last **FIVE** years.

a. Child's Name: _____ **Place of Birth:** _____
Date of Birth: _____ **Sex:** Male Female

<u>Period of Residence</u>	<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name & address)	<u>Relationship</u>
_____ to _____ <u>present</u>	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____

b. Child's Name: _____ **Place of Birth:** _____
Date of Birth: _____ **Sex:** Male Female

Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

<u>Period of Residence</u>	<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name & address)	<u>Relationship</u>
_____ to _____ <u>present</u>	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____

c. Child's Name: _____ **Place of Birth:** _____
Date of Birth: _____ **Sex:** Male Female

Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

<u>Period of Residence</u>	<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name & address)	<u>Relationship</u>
_____ to _____ <u>present</u>	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____

d. Additional children are listed on Attachment 1(d). (Provide requested information for additional children on an attachment labeled 1(d).)

2. Participation in custody case(s): (Check only one box)

- I HAVE NOT** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of, or visitation (parenting time) with, any child subject to this case.
- I HAVE** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of, or visitation (parenting time) with, any child subject to this case.

Explain: _____

- a. Name of each child: _____
- b. Type of case: _____
- c. Court and State: _____
- d. Date and court order or judgement (if any): _____

3. Information about custody case(s): (Check one box only)

- I HAVE NO INFORMATION** concerning cases that could affect the current case, including any cases relating to custody; domestic violence or protection orders; dependency, neglect or abuse allegations; or adoptions concerning a child subject to this case.
- I HAVE THE FOLLOWING INFORMATION** concerning cases that could affect the current case, including any cases relating to custody; domestic violence or protection orders; dependency, neglect or abuse allegations; or adoptions concerning a child subject to this case other than listed in Paragraph 2.

Explain: _____

- e. Name of each child: _____
- f. Type of case: _____
- g. Court and State: _____
- h. Date and court order or judgement (if any): _____

4. Information about criminal convictions:

List all of the criminal convictions, including guilty pleas, for you and the members of your household for the following offenses: any criminal offense involving acts that resulted in a child being abused or neglected; any domestic violence offense that is a violation of R.C. 2919.25; any sexually oriented offense as defined in R.C. 2950.01; and any offense involving a victim who was a family or household member at the time of the offense and caused physical harm to the victim during the commission of the offense.

<u>Name</u>	<u>Case Number</u>	<u>Court/State/County</u>	<u>Charge</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Persons not a party to this case: (Check only one box)

I DO NOT KNOW OF ANY PERSON not a party to this case who has physical custody or claims to have custody or visitation rights with respect to any child subject to this case.

I KNOW THAT THE FOLLOWING NAMED PERSON(S) not a party to this case has/have physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this case.

a. Name / Address of Person: _____

has physical custody claims custody rights claims visitation rights

Name of each child: _____

b. Name / Address of Person: _____

has physical custody claims custody rights claims visitation rights

Name of each child: _____

c. Name / Address of Person: _____

has physical custody claims custody rights claims visitation rights

Name of each child: _____

6. I understand that I have a continuing duty to advise this Court of any custody, visitation parenting time, divorce, dissolution of marriage separation, neglect, abuse, dependency, guardianship, parentage, termination of parental rights, or protection order from domestic violence case concerning the child(ren) about whom the information is obtained during this case.

OATH

(Do Not Sign Until Notary is Present)

I, (print name) _____, swear or affirm that I have read this Affidavit and, to the best of my knowledge and belief, the facts and information stated in this Affidavit 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

Printed Name of Notary

(Affix seal here)

Commission Expiration Date: _____

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

EMPLOYER INFORMATION

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

	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	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

If checked, please send Notice Only copy to: *(check if case involves child support)*

Montgomery County CSEA, 25 Thorpe Drive, Dayton, OH 45420

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 #: _____