

# 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/MOTION TO ESTABLISH CHILD SUPPORT**

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

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

2. Defendant, \_\_\_\_\_ (name), is the  
 Father  Mother of the above child(ren).

3. The child(ren) has resided in \_\_\_\_\_ County, Ohio since \_\_\_\_\_  
 (date residence established).

4. The parent-child relationship has been established in \_\_\_\_\_ County for  
 the following child(ren):

Name of Child	Date of Birth	Established by
_____	_____	<input type="checkbox"/> Acknowledgment of Paternity <input type="checkbox"/> Administrative Order <input type="checkbox"/> Court Order
_____	_____	<input type="checkbox"/> Acknowledgment of Paternity <input type="checkbox"/> Administrative Order <input type="checkbox"/> Court Order
_____	_____	<input type="checkbox"/> Acknowledgment of Paternity <input type="checkbox"/> Administrative Order <input type="checkbox"/> Court Order

*\*A copy of the birth certificate or the order establishing the parent-child relationship 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 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.
8.  Other (specify): \_\_\_\_\_
9. The reason for this Motion 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 2 years ago 3 years ago	20 _____ 20 _____ 20 _____	\$ _____ \$ _____ \$ _____
Yearly overtime, commissions and/or bonuses	\$ _____ \$ _____ \$ _____	Last Year 2 years ago 3 years ago	20 _____ 20 _____ 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) _____	\$ _____	\$ _____
<b>TOTAL YEARLY INCOME</b>	<b>\$ _____</b>	<b>\$ _____</b>
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: _____	\$	_____
<b>TOTAL MONTHLY :</b>		\$ _____

B. MONTHLY MINOR CHILD-RELATED EXPENSES

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

C. INSURANCE PREMIUMS

Medical	\$	_____
Dental	\$	_____
Vision	\$	_____
Other _____	\$	_____
<b>TOTAL MONTHLY :</b>		\$ _____

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

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

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	\$	_____
<b>TOTAL MONTHLY:</b>		\$ _____

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: _____	\$	_____
<b>TOTAL MONTHLY:</b>		\$ _____

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: \_\_\_\_\_

**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:			

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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):

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