

**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 THE MATTER OF:

JC# _____

JC# _____

JC# _____

Minor child(ren)

SETS _____

Judge _____

Magistrate _____

[Check One]

_____ Objection to Magistrate's Decision
and Judge's Order

_____ Motion to Set Aside Magistrate's
Interim Order

_____ Rule 60(A) Objection (Clerical Error)

_____ Motion to Remove Magistrate

[Type or print the specifics of your objection / motion below and on the following page. If you request a transcript, you may supplement (add to) this information after the transcript is completed.]

Respectfully Submitted,

Your Signature

Your Printed Name

Your Street Address

Your City, State, and Zip Code

Your Phone Number

Certificate of Service

I hereby certify that a copy of the foregoing was served on the following parties by certified mail, return receipt requested and / or by personal service on (file date) _____.

[THE PARTY FILING THIS DOCUMENT IS RESPONSIBLE FOR SERVING A COPY ON ALL PARTIES TO THE CASE AND PROVIDING PROOF OF SERVICE TO THE COURT.]

List names and complete addresses for all parties to be served. [Attach additional sheets if needed]

Other Party's Name

Additional Party's Name

Street Address

Street Address

City, State, Zip Code

City, State, Zip Code

If checked, please send Notice Only copy to: *(check if case involves child support)*
Montgomery County CSEA, 25 Thorpe Drive, Dayton, OH 45420

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

IN THE MATTER OF:

_____ JC# _____
_____ JC# _____
_____ JC# _____
Minor child(ren)

SETS _____
Judge _____
Magistrate _____

**MOTION REQUESTING TRANSCRIPT FOR
OBJECTION / MOTION TO SET ASIDE**

REQUEST:

I am requesting a transcript to be filed along with the [choose one]

_____ Objection _____ Motion to Set Aside

HEARING:

The transcript should be prepared for the hearing before _____
(Judge or Magistrate)

on _____ at _____ AM / PM
(Date of Hearing) (Time of Hearing)

PAYMENT:

[choose one]

_____ My case is not one of the cases listed below (Criminal, Children Services or Dependency); therefore, I understand that I am responsible for the cost of the transcript. I understand that the Court will issue an Entry granting or denying my transcript request. If the Court grants my transcript request, I understand that it is my responsibility to contact the Court Reporter and to pay for the transcript. I WILL COMPLETE THIS WITHIN 14 DAYS of the time stamped date on the Entry granting my transcript request.

_____ CRIMINAL / DEPENDENCY / CHILDREN SERVICES CASES ONLY

I am indigent. An affidavit has already been filed in this case, and I request that the transcript be provided at the state's expense.

NOTICES:

I understand that if I do not have a transcript prepared (OR PAID FOR), it will NOT be attached to my objections or motion to set aside. Without a transcript, the Court will accept the Magistrate's findings of fact to be true when deciding my case.

I understand that I may supplement my objection, in writing, within 14 days of the transcript being completed and filed.

Respectfully Submitted,

Your Signature

Your Printed Name

Your Street Address

Your City, State, and Zip Code

Phone Number

Email address