

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

IN RE:

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

Minor child(ren)

\_\_\_\_\_  
Name

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

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

Plaintiff

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

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

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

SETS \_\_\_\_\_

Judge \_\_\_\_\_

Magistrate \_\_\_\_\_

vs. / and

\_\_\_\_\_  
Name

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

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

Defendant

**MOTION FOR IN CAMERA INTERVIEW**

I, (print name) \_\_\_\_\_ am asking the Court to conduct an in camera interview on the following children:

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

The reason for this request is:

I understand order that pursuant to R.C. 3109.04(B), the Court may, at its discretion, appoint a Guardian Ad Litem (GAL) to participate in the In Camera Interview.

**I understand that should a GAL be appointed as a result of my filing this motion, under the Local Rules of this Court, I will responsible for payment of the GAL's fee, and will be ordered to pay \$1200.00 deposit directly to the GAL.** I further understand that failure to pay the deposit to the GAL may result in my motion being dismissed.

Respectfully Submitted,

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Your Printed Name

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

\_\_\_\_\_  
Your City, State, and Zip Code

\_\_\_\_\_  
Attorney Registration Number if applicable

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Email address

**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.**

\_\_\_\_\_  
Other Party's Name

\_\_\_\_\_  
Additional Party's Name

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

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

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Additional Party's Name

\_\_\_\_\_  
Additional Party's Name

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

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

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Additional Party's Name

\_\_\_\_\_  
Additional Party's Name

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

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

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code