

**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 present	<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 present	<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 present	<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: \_\_\_\_\_