

INFORMATION PROVIDED IS FOR COURT USE ONLY
IN THE COURT OF COMMON PLEAS, JUVENILE DIVISION
CLERMONT COUNTY, OHIO

INFORMATION NEEDED FOR ABUSE/NEGLECT/DEPENDENCY CASES
FILL OUT ALL INFORMATION COMPLETELY

Date _____

1. Your name: _____ DOB: _____
SS#: _____
Your address: _____
Your telephone number: Home: _____ Work: _____
Cell: _____
Your relationship to child: _____

2. Name of child/children: _____

DOB of child/children: _____

Present address of child/children: _____

Who does the child currently live with/relationship: _____

3. Natural Mother's name: _____ DOB: _____
SS#: _____
Address: _____

Your telephone number: Home: _____ Work: _____
Cell: _____

4. Natural Father's name: _____ DOB: _____
SS#: _____
Address: _____

Your telephone number: Home: _____ Work: _____
Cell: _____

5. Legal Custodian's name: _____ DOB: _____
SS#: _____
Address: _____

Your telephone number: Home: _____ Work: _____
Cell: _____

IN THE COURT OF COMMON PLEAS, JUVENILE DIVISION
CLERMONT COUNTY, OHIO

CASE NO. _____

**DECLARATION UNDER UNIFORM CHILD CUSTODY
JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**
(O.R.C. § 3127.23)

I, (full, legal name) _____, being sworn according to law, certify that these proceedings involve the custody of a child, or children and the following statements are true:

1. I am requesting the Court to not disclose my address or that of the child(ren). My address is confidential pursuant to ORC 3127.23 (D) and should be placed under seal in that the health, safety, or liberty of myself and/or the child(ren) would be jeopardized by the disclosure of the identifying information.

No Yes – Give brief description of concerns

2. Minor child(ren) are subject to this proceeding as follows:

(Insert the information requested below: The residence information **MUST** be given for the last **FIVE** years.)

CHILD'S NAME:		Place of Birth:	Date of Birth:	Sex M / F
Period of residence	Address Confidential	Person child lived with (name and address)		Relationship
to PRESENT	<input type="checkbox"/> NO <input type="checkbox"/> YES			
To	<input type="checkbox"/> NO <input type="checkbox"/> YES			
To	<input type="checkbox"/> NO <input type="checkbox"/> YES			
To	<input type="checkbox"/> NO <input type="checkbox"/> YES			
CHILD'S NAME:		Place of Birth:	Date of Birth:	Sex M / F
Period of residence	Address Confidential	Person child lived with (name and address)		Relationship
to PRESENT	<input type="checkbox"/> NO <input type="checkbox"/> YES			
To	<input type="checkbox"/> NO <input type="checkbox"/> YES			
To	<input type="checkbox"/> NO <input type="checkbox"/> YES			
To	<input type="checkbox"/> NO <input type="checkbox"/> YES			
CHILD'S NAME:		Place of Birth:	Date of Birth:	Sex M / F
Period of residence	Address Confidential	Person child lived with (name and address)		Relationship
to PRESENT	<input type="checkbox"/> NO <input type="checkbox"/> YES			
To	<input type="checkbox"/> NO <input type="checkbox"/> YES			
To	<input type="checkbox"/> NO <input type="checkbox"/> YES			
To	<input type="checkbox"/> NO <input type="checkbox"/> YES			

Additional children/addresses are listed on Attachment. Provide requested information for additional children on an attachment.

3. **Participation in custody proceeding(s): (X only one)**

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

Explain:

- a. Name of each child: _____
- b. Type of proceeding: _____
- c. Court and State: _____
- d. Date of Court Order or Judgment (if any): _____

4. **Information about custody proceeding(s): (X only one)**

- I HAVE NO INFORMATION** of any proceedings that could affect the current proceeding, including any proceedings relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning any child subject to this proceeding.
- I HAVE THE FOLLOWING INFORMATION** concerning proceedings that could affect the current proceeding, including any proceedings relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoption concerning any child subject to this proceeding, other than set out in item 3.

Explain:

- a. Name of each child: _____
- b. Type of proceeding: _____
- c. Court and State: _____
- d. Date of Court Order or Judgment (if any): _____

5. **Persons not a party to this proceeding: (X only one)**

- I DO NOT KNOW OF ANY PERSON** not a party to this proceeding who has physical custody or claims to have custody or visitation rights with respect to any child subject to this proceeding.
- I KNOW THAT THE FOLLOWING NAMED PERSON(S)** not a party to this proceeding has/have physical custody or claims(s) to have custody or visitation rights with respect to any child subject to this proceeding:

- a. Name and address of person: _____
 has physical custody claims custody rights claims visitation rights
Name of each child: _____
- b. Name and address of person: _____
 has physical custody claims custody rights claims visitation rights
Name of each child: _____

6. Knowledge of prior child support proceedings: (X only one)

- The child(ren) described in this affidavit are **NOT** subject to existing child support order(s) in this or any state or territory.
- The child(ren) described in this affidavit **ARE** subject to the following existing child support order(s):

Explain:

- a. Name of each child: _____
- b. Type of proceeding: _____
- c. Court and State: _____
- d. Date of Court Order or Judgement (if any): _____
- e. Amount of child support paid and by whom: _____

7. I acknowledge that I have continuing duty to advise this Court of any custody, visitation, child support, or guardianship proceeding (including dissolution of marriage, child neglect, or dependency) concerning the child(ren) in this state or any other state about which information is obtained during this proceeding.

I hereby swear or affirm that the answers above are true, complete and accurate. I understand that falsification of this document may result in a contempt of court finding against me which could result in a jail sentence and fine, and that falsification of this document may also subject me to criminal penalties for perjury (O.R.C. 2921.11).

Date

Signature

Printed Name: _____

Home Phone: _____

Address: _____

Work: _____ Cell: _____

City, State, Zip: _____

Sworn to or affirmed and signed before me on the _____ day of _____, 20____.

Notary Public/Deputy Clerk

DO NOT COMPLETE THIS FORM – FOR COURT PERSONNEL ONLY

PETITIONER ADVISED OF THE FOLLOWING

_____ Case may be dismissed due to not having parent name

_____ Case may be dismissed due to not having sufficient parent address

_____ Case may be dismissed due to not having following information:

_____ This Court may not have jurisdiction

_____ Other: _____

_____ The filing fee of \$100 is non-refundable.

Signature & Date

Intake Officer Signature & Date

Confidential