

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

**GENERAL INFORMATION REGARDING FILING FOR A MODIFICATION OF  
CUSTODY OR VISITATION ORDER MADE BY THIS COURT IN CASES WHERE  
CHILDREN'S SERVICES IS/WERE INVOLVED**

- The filing fee of \$100.00 is required at the time of filing. The payment can be cash, personal check, or a money order. **FILING FEES ARE NON-REFUNDABLE.**
- All information on the attached forms must be completed in full.
- **IF THERE IS A CHILD SUPPORT ORDER, YOU MUST INCLUDE AN UPDATED PRINTOUT OF THE STATUS OF YOUR CHILD SUPPORT CASE. THIS PRINTOUT CAN BE OBTAINED FROM THE CLERMONT COUNTY CHILD SUPPORT OFFICE.**
- You may type, print, or clearly write the information on the forms.
- **YOUR PAPERWORK CAN NOT BE PROCESSED IF WE DO NOT HAVE COMPLETE AND CURRENT ADDRESSES FOR ALL PARTIES. THE COURT WILL IN NO WAY PROVIDE YOU WITH AN ADDRESS FOR THE OTHER PARTY.**
- The paperwork can be completed and turned in at the window OR you may take it with you and return it by mail.
- If you send the paperwork by mail, your signatures must be notarized and you must return it along with the \$100.00 filing fee in the form of money order or personal check made payable to "Clermont County Juvenile Court". The address to send paperwork to is:

Clermont County Juvenile Court  
Attention: Intake Department  
2340 Clermont Center Drive, Suite 100  
Batavia, Ohio 45103-1958

- Once your paperwork has been processed, you will be notified by mail of the date and time of your hearing. If your hearing notice is returned marked "undeliverable as addressed" and you have not notified the Court of your new address, in writing, the complaint/motion may be dismissed without further action.

- If the hearing notice which has been sent to the other party is returned to the Court marked “undeliverable as addressed”, you will be contacted by the Court for a new address. It is your responsibility to provide a good address in writing to the Court as soon as possible. If you fail to provide a good address, and the complaint/motion has not been served at the time of hearing and the other party does not appear at the hearing, the complaint/motion may be dismissed without further action.
- The staff at Juvenile Court is not permitted to give you legal advice. Examples of legal advice are:

What should I do?  
What are my rights?  
What will the Magistrate or Judge do?  
Can I take the child from the other parent?

If you want legal advice you must contact an attorney. If you need help in finding an attorney you may contact the Lawyer Referral Service at (513) 732-2050.

If you have questions as you are completing the packet, please contact:

Debbie at (513) 732-7772  
Fax Number – (513) 732-7695

**THE CLERK’S OFFICE AT CLERMONT COUNTY JUVENILE COURT IS NOT ALLOWED TO GIVE YOU LEGAL ADVICE.**

**PLEASE CONTACT AN ATTORNEY IF YOU HAVE LEGAL QUESTIONS.**

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

CASE NO. \_\_\_\_\_

IN RE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MOTION

Now comes \_\_\_\_\_  
(name & relationship to child(ren)) and requests that the Court issue an Order for the following:

- Modification of Custody – Please explain modification requested \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Modification of Visitation – Please explain modification requested \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Other \_\_\_\_\_

for the following reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AFFIDAVIT

Petitioner, having been duly sworn, deposes and says that the allegations in the foregoing motion are true. As evidenced by my signature below, I hereby authorize the Court to perform a check of the Central Registry of Abuse, Neglect and dependency and a criminal background check.

\_\_\_\_\_  
Petitioner

Subscribed and duly sworn to before me according to law, by the above named Petitioner, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, County of Clermont, State of Ohio.

\_\_\_\_\_  
Notary Public/Deputy Clerk

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

CHANGE OF CIRCUMSTANCES AFFIDAVIT

CASE NO. \_\_\_\_\_

THIS FORM MUST COMPLETED BEFORE THE COURT WILL HEAR YOUR CASE

1. Date of Court Order that you are trying to modify \_\_\_\_\_

2. List all changes in circumstances since the custody/visitation order pertaining to:

A. The child \_\_\_\_\_

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

B. The custodian(s) of the child \_\_\_\_\_

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

3. If the child does not live with you, when was the last time that you saw the child? \_\_\_\_\_

4. How many times have you seen the child in the last 4 months? \_\_\_\_\_

\_\_\_\_\_

5. How have you complied with what the Court has ordered you to do, including paying child support? \_\_\_\_\_

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

6. What efforts have you made to resolve this matter out of Court? \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

7. List any other information in support of your motion that you want the Court to consider \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

\_\_\_\_\_  
(Signature)

Subscribed and duly sworn before me according to law, by the above named applicant  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ County of Clermont and  
State of Ohio.

\_\_\_\_\_  
Notary Public/Deputy Clerk

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

CASE NO. \_\_\_\_\_

IN RE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUEST FOR SERVICE

INSTRUCTIONS TO THE CLERK

*(Your complaint/motion will not be processed unless this form is completed)*

Please serve the foregoing Motion by certified mail service/personal service on all parties on this case at the address listed below.

FOLLOWING ADDRESSES ARE MANDATORY

\_\_\_\_\_  
Plaintiff's Name

\_\_\_\_\_  
Defendant's Name

\_\_\_\_\_  
Plaintiff's Street Address

\_\_\_\_\_  
Defendant's Street Address

\_\_\_\_\_  
Plaintiff's City, State and Zip

\_\_\_\_\_  
Defendant's City, State and Zip

\_\_\_\_\_  
Plaintiff's Telephone Number

\_\_\_\_\_  
Defendant's Telephone Number

\_\_\_\_\_  
Legal Custodian's Name

\_\_\_\_\_  
Legal Custodian's Street Address

\_\_\_\_\_  
Legal Custodian's City, State and Zip

\_\_\_\_\_  
Legal Custodian's Telephone Number

ADDITIONAL PARTIES REQUESTED TO BE NOTIFIED

\_\_\_\_\_  
Name & Relationship to Child(ren)

\_\_\_\_\_  
Name & Relationship to Child(ren)

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

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

\_\_\_\_\_  
City, State and Zip

\_\_\_\_\_  
City, State and Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Petitioner's Signature

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

\_\_\_\_\_  
City, State and Zip

\_\_\_\_\_  
Petitioner's Telephone Number

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: \_\_\_\_\_  
\_\_\_\_\_  
Telephone number: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_
  
4. Natural Father's name: \_\_\_\_\_ DOB: \_\_\_\_\_  
SS#: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone number: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_
  
5. Legal Custodian's name: \_\_\_\_\_ DOB: \_\_\_\_\_  
SS#: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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.)

| 1 <sup>ST</sup> CHILD'S NAME: |   | Place of Birth:                               | Date of Birth: | Sex M / F    |
|-------------------------------|---|---|----------------|--------------|
| Period of residence           | Address<br>Confidential                                     | Person child lived with<br>(name and address) |                | Relationship |
| to PRESENT                    | <input type="checkbox"/> NO<br><input type="checkbox"/> YES |   |                |              |
| to                            | <input type="checkbox"/> NO<br><input type="checkbox"/> YES |   |                |              |
| to                            | <input type="checkbox"/> NO<br><input type="checkbox"/> YES |   |                |              |
| to                            | <input type="checkbox"/> NO<br><input type="checkbox"/> YES |   |                |              |
| 2 <sup>ND</sup> CHILD'S NAME: |   | Place of Birth:                               | Date of Birth: | Sex M / F    |
| Period of residence           | Address<br>Confidential                                     | Person child lived with (name and address)    |                | Relationship |
| to PRESENT                    | <input type="checkbox"/> NO<br><input type="checkbox"/> YES |   |                |              |
| to                            | <input type="checkbox"/> NO<br><input type="checkbox"/> YES |   |                |              |
| to                            | <input type="checkbox"/> NO<br><input type="checkbox"/> YES |   |                |              |
| to                            | <input type="checkbox"/> NO<br><input type="checkbox"/> YES |   |                |              |
| 3 <sup>RD</sup> CHILD'S NAME: |   | Place of Birth:                               | Date of Birth: | Sex M / F    |
| Period of residence           | Address<br>Confidential                                     | Person child lived with (name and address)    |                | Relationship |
| to PRESENT                    | <input type="checkbox"/> NO<br><input type="checkbox"/> YES |   |                |              |
| to                            | <input type="checkbox"/> NO<br><input type="checkbox"/> YES |   |                |              |
| to                            | <input type="checkbox"/> NO<br><input type="checkbox"/> YES |   |                |              |
| to                            | <input type="checkbox"/> NO<br><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 preceding(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 Judgment (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

Revised 02/2011



**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