

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

GENERAL INFORMATION REGARDING FILING COMPLAINT FOR PARENTAGE  
(PATERNITY), ALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES  
(CUSTODY/SHARED PARENTING) AND PARENTING TIME  
(COMPANIONSHIP/VISITATION)

- Filing fees are required at the time of filing and can be cash, personal check or money order. **FILING FEES ARE NON-REFUNDABLE.** The filing fees are as follows:

Custody/Shared Parenting\*\* Complaints - \$215.00

Companionship/Visitation Complaints - \$165.00

Parentage (Paternity) - \$165.00

*\*\*When filing a Complaint or Motion for Shared Parenting, you should file shared parenting plan as well. A shared parenting plan must be filed 30 days prior to trial. Shared Parenting is a plan used when at least one parent is requesting to share custody among them. Otherwise a parenting plan may be submitted by an individual who is seeking sole custody of child(ren). A parenting plan can be filed at anytime.*

- All information on the attached forms must be completed in full.
- You may type, print, or clearly write in ink the information on the forms.
- **YOUR PAPERWORK CANNOT BE PROCESSED IF WE DO NOT HAVE COMPLETE AND CURRENT ADDRESSES FOR ALL PARTIES.**
- The paperwork can be completed on-line and mailed or you can obtain it in person and turn 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 filing fee in the form of a money order or personal check made payable to "Clermont County Juvenile Court." The mailing 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 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 has not been served at the time of hearing and the other party does not appear at the hearing, the complaint may be dismissed without further action. The complaint will be dismissed if you fail to appear.
- 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 general questions regarding custody, shared parenting and visitation, please call (513) 732-7835.

You can also find helpful information on our website at [www.probatejuvenile.clermontcountyohio.gov](http://www.probatejuvenile.clermontcountyohio.gov)

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

**IN THE MATTER OF:**

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

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

Minor Child(ren)

\_\_\_\_\_  
Plaintiff

vs.

\_\_\_\_\_  
Defendant

**COMPLAINT FOR PARENTAGE  
(PATERNITY), ALLOCATION OF  
PARENTAL RIGHTS AND  
RESPONSIBILITIES  
(CUSTODY/SHARED PARENTING)  
AND PARENTING TIME  
(COMPANIONSHIP/VISITATION)**

**WARNING: This form is not a substitute for the benefit of the advice of legal counsel. It is highly recommended that you consult an attorney.**

**INSTRUCTIONS: This form is used to establish parentage of the child(ren), be designated as the residential parent, or obtain parenting time (companionship and visitation) with the child(ren). A Request for Service, a Parenting Proceeding Affidavit, Affidavit of Basic Information, Income and Expenses and Health Insurance Affidavit must be filed with this Complaint. The Court may require additional forms to accompany this document. YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE CONTACT INFORMATION CHANGES.**

Now comes Plaintiff and states as follows:

1) Plaintiff is a parent of the following child(ren):

Name of Child

Date of Birth

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2) Defendant, \_\_\_\_\_ (name), is a parent of the following child(ren):

Name of Child

Date of Birth

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3) The child(ren) has/have resided in \_\_\_\_\_ County, Ohio since \_\_\_\_\_ (date).

4) A parent-child relationship has been established for the following child(ren):

| Name of Child | Date of Birth | <b>Established by</b>   |
|---------------|---------------|---|
| _____         | _____         | Acknowledgement of Paternity Administrative Order Court Order |
| _____         | _____         | Acknowledgement of Paternity Administrative Order Court Order |
| _____         | _____         | Acknowledgement of Paternity Administrative Order Court Order |

5) A parent-child relationship has not been established for the following child(ren):

| Name of Child | Date of Birth |
|---------------|---------------|
| _____         | _____         |
| _____         | _____         |
| _____         | _____         |

6)  No court has issued an order of parenting or support for the following child(ren):

| Name of Child | Date of Birth |
|---------------|---------------|
| _____         | _____         |
| _____         | _____         |
| _____         | _____         |

The following child(ren) is/are subject to an existing order of parenting or support of another Court:

| Name of Child | Date of Birth |
|---------------|---------------|
| _____         | _____         |
| _____         | _____         |
| _____         | _____         |

7) Plaintiff requests that the Court (check ALL that apply):

- Order genetic testing and determine the parent of the child(ren).
- Designate \_\_\_\_\_ (parent's name) as the parent of the child(ren)\_\_\_\_\_
- Change the child(ren)'s name to \_\_\_\_\_
- Correct the child(ren)'s birth certificate(s) to indicate the child(ren)'s parent.
- Adopt the proposed Shared Parenting Plan which is attached.\*
- Adopt the proposed Parenting Plan which is attached.\*\*
- Designate the residential parent and legal custodian of the child(ren).
- Order reasonable parenting time (companionship or visitation).
- Order child support, allocate the tax dependency exemption, and determine who should provide health insurance coverage for the child(ren).
- Order the Ohio Department of Health to prepare (a) new birth certificate(s) for the child(ren).
- Other (specify): \_\_\_\_\_

\* *A shared parenting plan must be filed at least 30 days prior to a trial date.*

\*\**A parenting plan can be filed at anytime.*

8) I hereby authorize the Court to perform a check of the Central Registry of Child Abuse and Neglect as well as a criminal background check.

\_\_\_\_\_  
Attorney or Self-Represented Party Signature

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

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
Fax Number

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

\_\_\_\_\_  
Supreme Court Reg. No. of Attorney

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

Case No. \_\_\_\_\_

\_\_\_\_\_  
Plaintiff

vs./and

\_\_\_\_\_  
Defendant

**Instructions:** By law, this 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 Name)

**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 the parties. 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 <input type="checkbox"/> M <input type="checkbox"/> F |
|-------------------|--------------------------|--|---------------|---|
| _____             |                          | _____                                      | _____         |   |
| Date of residence | Address Confidential     | Person child lived with (name and address) |               | Relationship  |
| _____ to present  | <input type="checkbox"/> | _____                                      |               | _____   |
| _____ to _____    | <input type="checkbox"/> | _____                                      |               | _____   |
| _____ to _____    | <input type="checkbox"/> | _____                                      |               | _____   |
| _____ to _____    | <input type="checkbox"/> | _____                                      |               | _____   |

|   |                             |   |                               |  |
|---|-----------------------------|---|-------------------------------|--|
| <b>b. Child's name</b><br>_____   |                             | <b>Place of birth</b><br>_____                    | <b>Date of birth</b><br>_____ | <b>Sex</b> <input type="checkbox"/> M <input type="checkbox"/> F |
| <input type="checkbox"/> Check this box if the information below is the same as in Section 1(a). Skip to the next question. |                             |   |                               |  |
| <b>Date of residence</b>  | <b>Address Confidential</b> | <b>Person child lived with (name and address)</b> | <b>Relationship</b>           |  |
| _____ to present  | <input type="checkbox"/>    | _____<br>_____                                    | _____                         |  |
| _____ to _____  | <input type="checkbox"/>    | _____<br>_____                                    | _____                         |  |
| _____ to _____  | <input type="checkbox"/>    | _____<br>_____                                    | _____                         |  |
| _____ to _____  | <input type="checkbox"/>    | _____<br>_____                                    | _____                         |  |

|   |                             |   |                               |  |
|---|-----------------------------|---|-------------------------------|--|
| <b>c. Child's name</b><br>_____   |                             | <b>Place of birth</b><br>_____                    | <b>Date of birth</b><br>_____ | <b>Sex</b> <input type="checkbox"/> M <input type="checkbox"/> F |
| <input type="checkbox"/> Check this box if the information below is the same as in Section 1(a). Skip to the next question. |                             |   |                               |  |
| <b>Date of residence</b>  | <b>Address Confidential</b> | <b>Person child lived with (name and address)</b> | <b>Relationship</b>           |  |
| _____ to present  | <input type="checkbox"/>    | _____<br>_____                                    | _____                         |  |
| _____ to _____  | <input type="checkbox"/>    | _____<br>_____                                    | _____                         |  |
| _____ to _____  | <input type="checkbox"/>    | _____<br>_____                                    | _____                         |  |
| _____ to _____  | <input type="checkbox"/>    | _____<br>_____                                    | _____                         |  |

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 judgment (if any): \_\_\_\_\_

3. **Information about custody case(s): (Check only one box)**

- I **HAVE NO INFORMATION** of any 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 any 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: \_\_\_\_\_  
\_\_\_\_\_

- a. Name of each child: \_\_\_\_\_
- b. Type of case: \_\_\_\_\_
- c. Court and State: \_\_\_\_\_
- d. Date and court order or judgment (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.

| NAME | CASE NUMBER | COURT/COUNTY/STATE | CHARGE |
|------|-------------|--------------------|--------|
|      |             |                    |        |
|      |             |                    |        |
|      |             |                    |        |

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: \_\_\_\_\_



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

IN THE MATTER OF:

Case No. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Minor child(ren)

\_\_\_\_\_  
**Plaintiff**

**vs.**

\_\_\_\_\_  
**Defendant**

**Instructions:** Check local court rules to determine when this form must be filed. This affidavit is used to make complete disclosure of income, expenses and money owed. It is used to determine child support. Do not leave any category blank. For each item, if none, put "NONE". If you do not know the exact figures for any item, give you best estimate, and put "EST". **If you need more space, add additional pages**

**AFFIDAVIT OF BASIC INFORMATION, INCOME AND EXPENSES**

Affidavit of \_\_\_\_\_

**SECTION I – BASIC INFORMATION**

Plaintiff

Defendant

|   |   |
|---|---|
| Date of Birth _____   | Date of Birth _____   |
| Last Four Digits of SS# _____   | Last Four Digits of SS# _____   |
| Phone Number _____  | Phone Number _____  |
| Email address _____<br>Is an Interpreter needed:    Yes    No<br>Health:<br><input type="checkbox"/> Good<br><input type="checkbox"/> Fair<br><input type="checkbox"/> Poor<br>If health is not good, please explain: | Email address _____<br>Is an Interpreter needed:    Yes    No<br>Health:<br><input type="checkbox"/> Good<br><input type="checkbox"/> Fair<br><input type="checkbox"/> Poor<br>If health is not good, please explain: |

|   |   |
|---|---|
| Education: ( <i>Check highest level achieved</i> )<br><input type="checkbox"/> Grade School <input type="checkbox"/> High School <input type="checkbox"/> Associate<br><input type="checkbox"/> Bachelor's <input type="checkbox"/> Post Graduate | Education: ( <i>Check highest level achieved</i> )<br><input type="checkbox"/> Grade School <input type="checkbox"/> High School <input type="checkbox"/> Associate<br><input type="checkbox"/> Bachelor's <input type="checkbox"/> Post Graduate |
| Other Technical Certifications:<br><br>Active Member of the U.S. Military<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | Other Technical Certifications:<br><br>Active Member of the U.S. Military<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |

**SECTION II – INCOME**

|                              | Plaintiff   | Defendant   |
|------------------------------|---|---|
| Employed                     | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Date of Employment Employer  | _____   | _____   |
| Payroll Address              | _____   | _____   |
| Payroll City, State, Zip     | _____   | _____   |
| Scheduled Paychecks Per Year | <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52 | <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52 |

**A. YEARLY INCOME, OVERTIME, COMMISSIONS AND BONUSES FOR PAST THREE YEARS**

|  | Plaintiff                     | Defendant |
|--|-------------------------------|-----------|
| Base Yearly Income                             | \$ _____ 3 years ago 20 _____ | \$ _____  |
|  | \$ _____ 2 years ago 20 _____ | \$ _____  |
|  | \$ _____ Last year 20 _____   | \$ _____  |
| Yearly Overtime,<br>Commissions and/or Bonuses | \$ _____ 3 years ago 20 _____ | \$ _____  |
|  | \$ _____ 2 years ago 20 _____ | \$ _____  |
|  | \$ _____ Last year 20 _____   | \$ _____  |

**B. COMPUTATION OF CURRENT INCOME**

|   | <b>Plaintiff</b> | <b>Defendant</b> |
|---|------------------|------------------|
| Base Yearly Income  | \$ _____         | \$ _____         |
| Average Yearly Overtime, Commissions and/or Bonuses over last 3 years (from part A) | \$ _____         | \$ _____         |
| Unemployment Compensation   | \$ _____         | \$ _____         |
| Disability Benefits   |                  |                  |
| Workers' Compensation   | \$ _____         | \$ _____         |
| Social Security   | \$ _____         | \$ _____         |
| Other: _____  | \$ _____         | \$ _____         |
| Retirement benefits   |                  |                  |
| Social Security   |                  |                  |
| Other: _____  | \$ _____         | \$ _____         |
| Spousal Support received  | \$ _____         | \$ _____         |
| Interest and Dividend Income (source)   |                  |                  |
| _____   | \$ _____         | \$ _____         |
| _____   | \$ _____         | \$ _____         |
| Other income (type and source)  |                  |                  |
| _____   | \$ _____         | \$ _____         |
| _____   | \$ _____         | \$ _____         |
| <b>TOTAL YEARLY INCOME</b>  | <b>\$ _____</b>  | <b>\$ _____</b>  |

|  |          |          |
|--|----------|----------|
| Supplemental Security Income (SSI) or Public Assistance  | \$ _____ | \$ _____ |
| Social Security or Veterans Benefits received for children   |          |          |
| Based on parent's disability   | \$ _____ | \$ _____ |
| Based on child's disability  |          |          |
| Child Support you receive from a child support enforcement agency or court order for minor and/or dependent child(ren) not of the relationship | \$ _____ | \$ _____ |

**SECTION III – CHILDREN AND HOUSEHOLD RESIDENTS**

Minor and/or dependent child(ren) who are adopted or born from this relationship:

| Name  | Date of birth | Living with |
|-------|---------------|-------------|
| _____ | _____         | _____       |
| _____ | _____         | _____       |
| _____ | _____         | _____       |
| _____ | _____         | _____       |

In addition to the above child(ren):

Plaintiff has \_\_\_\_\_ other minor biological or adopted child(ren).

Defendant has \_\_\_\_\_ other minor biological or adopted child(ren)

There is/are \_\_\_\_\_ adult(s) in your household.

**SECTION IV – EXPENSES**

List monthly expenses below for your present household.

**A. MONTHLY HOUSING EXPENSES**

|   |    |                 |
|---|----|-----------------|
| Rent or first mortgage (including taxes and insurance)  | \$ | _____           |
| Second mortgage/equity line of credit                   |    | _____           |
| Real estate taxes (if not included above)               | \$ | _____           |
| Renter or homeowner’s insurance (if not included above) | \$ | _____           |
| Homeowner or condominium association fee                | \$ | _____           |
| Utilities   |    |                 |
| o Electric  | \$ | _____           |
| o Gas, fuel oil, propane                                | \$ | _____           |
| o Water and sewer                                       | \$ | _____           |
| o Telephone and/or cell phone                           | \$ | _____           |
| o Trash collection                                      | \$ | _____           |
| o Cable/satellite television                            | \$ | _____           |
| o Internet service                                      |    | _____           |
| Cleaning  | \$ | _____           |
| Lawn service and/or snow removal                        | \$ | _____           |
| Other: _____  | \$ | _____           |
| _____   | \$ | _____           |
| <b>TOTAL MONTHLY :</b>                                  |    | <b>\$</b> _____ |

**B. OTHER MONTHLY LIVING EXPENSES**

|   |                      |          |
|---|----------------------|----------|
| Food  |                      |          |
| o Groceries (including food, paper, cleaning products, toiletries, other) | \$                   | _____    |
| o Restaurant  | \$                   | _____    |
| Transportation  |                      |          |
| o Vehicle loan, lease   | \$                   | _____    |
| o Vehicle maintenance   | \$                   | _____    |
| o Gasoline  | \$                   | _____    |
| o Parking, public transportation  | \$                   | _____    |
| Clothing  |                      |          |
| o Clothes (other than child(ren)'s)                                       | \$                   | _____    |
| o Dry cleaning and laundry  | \$                   | _____    |
| Personal grooming   |                      |          |
| o Hair and nail care  | \$                   | _____    |
| o Other _____   | \$                   | _____    |
| Other _____   | \$                   | _____    |
|   | <b>TOTAL MONTHLY</b> | \$ _____ |

**C. MONTHLY MINOR CHILD-RELATED EXPENSES**

(for child(ren) of the relationship)

|  |                      |          |
|--|----------------------|----------|
| Work/education-related child care                                      | \$                   | _____    |
| Other child care   | \$                   | _____    |
| Extraordinary parenting time travel cost                               | \$                   | _____    |
| School tuition   | \$                   | _____    |
| School lunches   | \$                   | _____    |
| School supplies  | \$                   | _____    |
| Extracurricular activities and lessons                                 | \$                   | _____    |
| Clothing   | \$                   | _____    |
| Child(ren)'s allowances  | \$                   | _____    |
| Special and extraordinary needs of child(ren) (not included elsewhere) |                      | _____    |
| Other _____  | \$                   | _____    |
|  | <b>TOTAL MONTHLY</b> | \$ _____ |

**D. MONTHLY INSURANCE PREMIUMS**

|                      |    |                 |
|----------------------|----|-----------------|
| Life                 | \$ | _____           |
| Auto                 | \$ | _____           |
| Health               | \$ | _____           |
| Disability           | \$ | _____           |
| Other _____          | \$ | _____           |
| <b>TOTAL MONTHLY</b> |    | <b>\$</b> _____ |

**E. MONTHLY WORK AND EDUCATION EXPENSES FOR SELF**

|   |    |                 |
|---|----|-----------------|
| Mandatory work expenses (union dues, uniforms or other) |    | _____           |
| Additional income taxes paid (not deducted from wages)  | \$ | _____           |
| Tuition   | \$ | _____           |
| Books, fees and other                                   | \$ | _____           |
| College loan  | \$ | _____           |
| Other _____   | \$ | _____           |
| _____   | \$ | _____           |
| <b>TOTAL MONTHLY:</b>                                   |    | <b>\$</b> _____ |

**F. MONTHLY HEALTH CARE EXPENSES  
(not covered by insurance)**

|                            |    |                 |
|----------------------------|----|-----------------|
| Physicians                 | \$ | _____           |
| Dentists and orthodontists | \$ | _____           |
| Optometrists and opticians | \$ | _____           |
| Prescriptions              | \$ | _____           |
| Other _____                | \$ | _____           |
| _____                      | \$ | _____           |
| <b>TOTAL MONTHLY:</b>      |    | <b>\$</b> _____ |

**G. MISCELLANEOUS MONTHLY EXPENSES**

|  |    |       |
|--|----|-------|
| Extraordinary obligations for other minor/handicapped child(ren) [for child(ren) who were not born of this relationship and were not adopted by these parties] | \$ | _____ |
| Child support for child(ren) who were not born of this relationship and were not adopted by these parties  | \$ | _____ |
| Expenses paid for adult child(ren) or other dependent(s)   |    | _____ |
| Spousal support paid to former spouse(s)   | \$ | _____ |
| Subscriptions and books  | \$ | _____ |
| Charitable contributions   | \$ | _____ |
| Memberships (associations and clubs)   | \$ | _____ |



**OATH OR AFFIRMATION**

I, \_\_\_\_\_ (name) swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to criminal charges including perjury with criminal penalties.

\_\_\_\_\_  
Date

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

**STATE OF OHIO**

**COUNTY OF CLERMONT**

Sworn to or affirmed before me by \_\_\_\_\_ this \_\_\_\_  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public/Deputy Clerk

\_\_\_\_\_  
Printed Name of Notary Public/Deputy Clerk

Commission Expiration Date:  
\_\_\_\_\_

(Affix Notary Seal here)

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

In the Matter of:

\_\_\_\_\_

\_\_\_\_\_

Minor child(ren)

Case No. \_\_\_\_\_

\_\_\_\_\_  
Plaintiff

vs.

\_\_\_\_\_  
Defendant

**Instructions:** This affidavit is used to disclose health insurance coverage that is available for children of the relationship. It is also used to determine child support.

**HEALTH INSURANCE AFFIDAVIT**

**Affidavit of \_\_\_\_\_**

|   | <b><u>Plaintiff</u></b>      |                             | <b><u>Defendant</u></b>      |                             |
|---|------------------------------|-----------------------------|------------------------------|-----------------------------|
| Is/are your child(ren) currently enrolled in a low-income program (i.e. Healthy Start/ Medicaid)?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is/are your child(ren) enrolled in an individual (non-group or COBRA) health insurance plan?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is/are your children enrolled in a plan found through the exchange/Affordable HealthCare Marketplace?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is/are your child(ren) enrolled in a health insurance plan through a group (employer or other organization)?                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If your child(ren) is/are not enrolled, do/does he/she/they have health insurance available through a group (employer or other organization)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the available insurance cover primary care services within 30 miles of the children's home?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Under the available insurance, what is the annual premium you pay for family coverage?  | \$ _____                     |                             | \$ _____                     |                             |
| Name of group (employer or organization that provides health insurance)   | _____                        |                             | _____                        |                             |
| Address   | _____                        |                             | _____                        |                             |
|   | _____                        |                             | _____                        |                             |
| Phone Number  | _____                        |                             | _____                        |                             |

**OATH OR AFFIRMATION**

I, \_\_\_\_\_ (name) swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to criminal charges including perjury with criminal penalties.

\_\_\_\_\_  
Date

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

**STATE OF OHIO**

**COUNTY OF CLERMONT**

Sworn to or affirmed before me by \_\_\_\_\_ this \_\_\_\_  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public/Deputy Clerk

\_\_\_\_\_  
Printed Name of Notary Public/Deputy Clerk

Commission Expiration Date:  
\_\_\_\_\_

(Affix Notary Seal here)

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

IN THE MATTER OF:

\_\_\_\_\_

A Minor

\_\_\_\_\_

Name

Case No. \_\_\_\_\_

\_\_\_\_\_

Street Address

\_\_\_\_\_

City, State and Zip Code

Plaintiff

vs.

\_\_\_\_\_

Name

\_\_\_\_\_

Street Address

\_\_\_\_\_

City, State and Zip Code

Defendant

**WARNING: This form is not a substitute for the benefit of the advice of legal counsel.  
It is highly recommended that you consult an attorney.**

**Instructions:** This form is used when you want to request documents to be served on the other party. You must indicate the requested method of service by marking the appropriate box. The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file. **YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES.**

**REQUEST FOR SERVICE**

TO THE CLERK OF COURT:

Please serve the Summons, Complaint, Parenting Affidavit, Affidavit of Basic Information, Income and Expenses and Health Insurance Affidavit that I have filed upon the individuals set forth below by certified mail unless personal service is requested.

Please serve by personal service through the Sheriff of \_\_\_\_\_ Clermont County, OH

Other \_\_\_\_\_

Special Instructions to Sheriff: \_\_\_\_\_

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

COURT OF COMMON PLEAS  
JUVENILE DIVISION  
CLERMONT COUNTY OHIO

**FOLLOWING ADDRESSES ARE MANDATORY**  
**Please include apartment numbers, lot numbers, etc.**

\_\_\_\_\_  
Plaintiff Name

\_\_\_\_\_  
Defendant Name

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

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

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

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

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

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

\_\_\_\_\_  
Plaintiff Email Address

\_\_\_\_\_  
Defendant Email Address

\_\_\_\_\_  
Defendant Place of Employment

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

\_\_\_\_\_  
Defendant Employment Street Address

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

\_\_\_\_\_  
Defendant Employment City, State and Zip

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

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

\_\_\_\_\_  
Email Address

Respectfully submitted,

\_\_\_\_\_  
Attorney or Self-Represented Party Signature

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

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Supreme Court Reg. No. of Attorney

**COURT OF COMMON PLEAS, JUVENILE DIVISION  
CLERMONT COUNTY, OHIO  
INFORMATION NEEDED FOR PATERNITY/CUSTODY/SHARED PARENTING/  
VISITATION CASES**

**FILL OUT ALL INFORMATION COMPLETELY – INFORMATION FOR COURT USE ONLY**

Date \_\_\_\_\_

1. **Your name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**SS#:** \_\_\_\_\_  
**Your address:** \_\_\_\_\_  
**Your telephone number: Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_  
**Cell:** \_\_\_\_\_  
**Your Email Address:** \_\_\_\_\_  
**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:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

4. **Natural Father's name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**SS#:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
**Telephone number: Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_  
**Cell:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

5. **Legal Custodian's name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**SS#:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
**Telephone number: Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_  
**Cell:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

6. **Have you and/or either natural parent ever been involved in any other custody case in any Court? If yes, specify Court and reason:** \_\_\_\_\_  
\_\_\_\_\_

7. Is there an existing Juvenile Court case in this county? \_\_\_\_\_

8. Has the Child Support Enforcement Agency conducted an Administrative Hearing?  
\_\_\_\_\_

9. Has this child, family, or you ever been contacted by or involved with Children's Protective Services in this state or any other state? \_\_\_\_\_ If yes, specify where: \_\_\_\_\_  
\_\_\_\_\_

10. The natural mother has:  abandoned the child(ren)  
 has agreed to my obtaining custody  
 has a total inability to provide care or support

Based on the following facts: \_\_\_\_\_  
\_\_\_\_\_

11. The natural father has:  abandoned the child(ren)  
 has agreed to my obtaining custody  
 has a total inability to provide care or support

Based on the following facts: \_\_\_\_\_  
\_\_\_\_\_

12. It would be in the child(ren)'s best interest to award custody or visitation to me for the following reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Any other information the Court should be aware of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Are you aware of any upcoming court dates that the other party has pending?  
 Yes If so, name of county, court and the date? \_\_\_\_\_  
\_\_\_\_\_

No

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

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