

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

GENERAL INFORMATION REGARDING FILING A MOTION FOR CHANGE OF PARENTAL
RIGHTS AND RESPONSIBILITIES

- The filing fee of \$150.00 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. PLEASE REMEMBER TO COMPLETE THE PAGE ENTITLED "REQUEST FOR SERVICE." Your motion will not be processed until all forms are completed.
- You may type, print, or clearly write in BLUE OR BLACK ink the information on the forms.
- YOUR PAPERWORK CANNOT BE PROCESSED IF WE DO NOT HAVE COMPLETE AND CURRENT ADDRESSES FOR ALL PARTIES.
- You may file a Shared Parenting Plan or a Parenting Plan with the motion. You will find these documents on our website. You will also find standard parenting time guidelines on our website under Juvenile Forms.
- The paperwork can be completed on-line and mailed or you can obtain it in person and turn it in at the window or you may take it with you and return it by mail or in person.
- If you send the paperwork by mail, your signature must be notarized and you must return it along with the \$150.00 filing fee in the form of a money order or personal check made payable to "Clermont County Juvenile Court." The mailing address 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 home and work address in writing to the Court as soon as possible. If you fail to provide a good address, and the motion has not been served at the time of hearing and the other party does not appear at the hearing, the motion may be dismissed without further action. The motion 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.
General questions, please call (513) 732-7835.

Revised October 2025

COURT OF COMMON PLEAS
JUVENILE DIVISION
CLERMONT COUNTY, OHIO

In the Matter of:

Minor child(ren)

Case No. _____

Plaintiff

vs.

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 to request a change in a Shared Parenting Plan or a Parenting Plan, or a change in the designation of the sole residential parent and legal custodian. A Request for Service, a Parenting Proceeding Affidavit and an Affidavit of Basic Information, Income and Expenses must be filed with this Motion. A Shared Parenting Plan or Parenting Plan, if filed, will also be served. The Court may require additional forms to accompany this document. YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE CONTACT INFORMATION CHANGES.

**MOTION FOR CHANGE OF PARENTAL RIGHTS AND
RESPONSIBILITIES (CUSTODY)**

1. Now comes _____ (name), the Movant, and requests a change in the allocation of parental rights and responsibilities (custody) order filed on _____ (date of the order), regarding the following minor child(ren):

Name of Child

Date of Birth

Parental rights and responsibilities are currently allocated as follows:

Since the Court issued the existing order, circumstances of the child(ren), residential parent, or legal custodian have changed as follows:

Movant requests that the Court change the existing order as follows:

Movant believes that the requested changes are in the child(ren)'s best interest.

Movant requests that the Court order the following (check all that apply):

- Assessing reasonable attorney fees
- Assessing court costs of the proceedings; and any further relief deemed proper

I hereby authorize the Court to perform a check of the Central Registry on Child Abuse and Neglect as well as a 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

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

CASE NO. _____

CHANGE OF CIRCUMSTANCES AFFIDAVIT

THIS FORM MUST COMPLETED BEFORE THE COURT WILL HEAR YOUR CASE

1. Date of last Court Order that you are trying to modify _____

2. List all changes in circumstances since the last custody/visitation order pertaining to:
 - A. The child(ren) _____

 - B. The legal custodian(s) of the child(ren) _____

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

4. Do you currently have a court order providing you visitation/parenting time with the child?
If so, provide name of court, case number and date of order. _____

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. _____

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 of 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)

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

In the Matter of:

Minor child(ren)

Case No. _____

Plaintiff

vs.

Defendant

Instructions: Check local court rules to determine when this form must be filed. By law, this affidavit must be filed and served with any Complaint 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. Child's name _____		Place of birth _____	Date of birth _____	Sex <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.				
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"/>	_____ _____	_____	

c. Child's name _____		Place of birth _____	Date of birth _____	Sex <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.				
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"/>	_____ _____	_____	

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: _____

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 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 children about whom information is obtained during this case.

OATH OR AFFIRMATION

(Do not sign until Notary Public or Deputy Clerk 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 criminal charges of perjury with criminal penalties.

Your Signature

STATE OF OHIO)
) **SS**
COUNTY OF CLERMONT)

Sworn to or affirmed before me by _____ this _____ day of _____, _____.

Signature of Notary Public/Deputy Clerk

Printed Name of Notary Public/Deputy Clerk

Commission Expiration Date: _____

(Affix seal here)

**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 _____ Is an Interpreter needed: Yes No Health: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor If health is not good, please explain:	Email address _____ Is an Interpreter needed: Yes No Health: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor If health is not good, please explain:

Education: (<i>Check highest level achieved</i>) <input type="checkbox"/> Grade School <input type="checkbox"/> High School <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Post Graduate	Education: (<i>Check highest level achieved</i>) <input type="checkbox"/> Grade School <input type="checkbox"/> High School <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Post Graduate
Other Technical Certifications: Active Member of the U.S. Military <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Technical Certifications: Active Member of the U.S. Military <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, Commissions and/or Bonuses	\$ _____ 3 years ago 20 _____	\$ _____
	\$ _____ 2 years ago 20 _____	\$ _____
	\$ _____ Last year 20 _____	\$ _____

B. COMPUTATION OF CURRENT INCOME

	Plaintiff	Defendant
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)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL YEARLY INCOME	\$ _____	\$ _____

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: _____	\$	_____
_____	\$	_____
TOTAL MONTHLY :		\$ _____

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 _____	\$	_____
	TOTAL MONTHLY	\$ _____

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 _____	\$	_____
	TOTAL MONTHLY	\$ _____

D. MONTHLY INSURANCE PREMIUMS

Life	\$	_____
Auto	\$	_____
Health	\$	_____
Disability	\$	_____
Other _____	\$	_____
TOTAL MONTHLY		\$ _____

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 _____	\$	_____
_____	\$	_____
TOTAL MONTHLY:		\$ _____

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

Physicians	\$	_____
Dentists and orthodontists	\$	_____
Optometrists and opticians	\$	_____
Prescriptions	\$	_____
Other _____	\$	_____
_____	\$	_____
TOTAL MONTHLY:		\$ _____

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)

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 a Summons, Motion, Change of Circumstances Affidavit, and Parenting Proceeding 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 _____ County

Other _____

Special instructions to the Sheriff: _____

CLERMONT COUNTY JUVENILE COURT
FOLLOWING ADDRESSES ARE MANDATORY
Please include apartment numbers, lot numbers, etc.

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

Email Address

Email Address

Defendant's Place of Employment

Legal Custodian's Name

Defendant's Employment Street Address

Legal Custodian's Street Address

Defendant's 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. (if any)

**COURT OF COMMON PLEAS, JUVENILE DIVISION
CLERMONT COUNTY, OHIO
INFORMATION NEEDED FOR PATERNITY/CUSTODY/SHARED PARENTING/
PARENTING PLAN/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? _____
Is there an existing case in another court? _____

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