

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

**GENERAL INFORMATION REGARDING THE FILING OF A
MOTION FOR CONTEMPT**

- **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 this form is completed.**
- **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. Your filing will be reviewed and returned to you if not completed fully.**
- **If you send the paperwork by mail, your signatures must be notarized and you must return it along with the \$150.00 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 any questions as you are completing the packet, please call the following:

(513) 732-7772 for questions regarding contempt concerning parenting time

(513) 732-7835 for questions regarding contempt concerning child support/health care expenses

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.

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

In the Matter of:

(List minor children)

CASE NO. _____

Judge James A. Shriver

Plaintiff/Petitioner 1

Magistrate _____

vs./and

Defendant/Petitioner 2/Respondent

INSTRUCTIONS: This form is used to request the enforcement of a Court order and hold the other party in contempt for violating the Court order. A Request for Service/Instructions to the Clerk, and a proposed Show Cause Order must be filed with this Motion. The Court may require additional forms to accompany this document. You must check the requirements of the Court in which you file. YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF YOUR CONTACT INFORMATION CHANGES.

MOTION FOR CONTEMPT, AFFIDAVIT AND INSTRUCTIONS FOR SERVICE

Now comes, _____ (name), the Movant, and requests an Order for _____ (other party's name), to appear and show cause why he/she should not be held in contempt for violating a Court Order regarding the following (check all that apply):

1. _____ Interference with parenting time or other parenting orders filed on _____ (date) as follows:

2. _____ Failure to pay child support, as required by the Order filed on _____ (date). The total arrearage owed is \$ _____ as reflected in the attached printout from Clermont County Child Support Enforcement Agency.
3. _____ Failure to pay or reimburse health care expenses incurred for the minor child(ren) as required by the order filed on _____ (date). The total owed is \$ _____ as reflected in the attached Explanation of Health Care Bills.
4. Costs, reasonable attorney fees, and any other relief as necessary and proper are also requested.

5. The person who has physical custody of the child(ren) is _____.

The person who has legal custody of the child(ren) is _____.

Your Signature

Your Printed Name

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 COUNTY

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)

Name of Child: _____

Case No. _____

Instructions: This form is used when you are claiming the other party has not paid health care bills. **Use a separate form for each child.** A Motion for Contempt and Affidavit and a Show Cause Order and Notice to the Clerk must be filed. You must bring copies of health care bills, Explanation of Benefits forms, and proof of payment to the hearing. Be prepared to indicate the amount owed to you, service providers, collection agencies, or other entities. **If more space is needed, add additional pages.** The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file.

EXPLANATION OF HEALTH CARE BILLS

<u>Date of Treatment</u>	<u>Name of Service Provider (e.g., Doctor, Dentist, Therapist, Hospital) & Services Provided</u>	<u>Total Bill</u>	<u>Date Bill Sent to Other Party</u>	<u>Amount Insurance Paid</u>	<u>Amount You Paid</u>	<u>Amount Paid by Other Party</u>	<u>Amount of Unpaid Bill</u>	<u>Amount Due from Other Party</u>

Total Amount of Claim \$ _____

Your Signature

Date

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

In the Matter of:

(List minor children)

CASE NO. _____

Judge James A. Shriver

Magistrate _____

Plaintiff/Petitioner 1

vs./and

Defendant/Petitioner 2/Respondent

Instructions: This form is used to bring the other party to Court to defend his/her failure to follow the Court order. A Motion for Contempt, Affidavit and Instructions for Service must be filed with this order.
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SHOW CAUSE ORDER, AND NOTICE

TO: _____
Plaintiff/Defendant/Petitioner/Respondent/Other Party

You are hereby ORDERED to appear and show cause why you should not be held in contempt for failure to obey the Court order as described in the Motion for Contempt.

NOTICE OF HEARING

You are **ORDERED** to appear in the Clermont County Court of Common Pleas, Juvenile Division, located at 2340 Clermont Center Drive, Batavia, OH 45103 on _____ at _____ am/pm and show cause why you should not be held in contempt of this Court.

NOTICE

1. Failure to appear as ordered may result in the issuance of a bench warrant for an immediate arrest.
2. Failure to appear may result in an immediate income withholding or deduction.
3. You have the right to be represented by an attorney.
4. If you cannot afford an attorney, you must apply for a public defender or appointed counsel, as appropriate, within three business days after receipt of this show cause order.
5. A continuance may not be granted to obtain counsel if you have made no good faith effort to secure one.

6. If found guilty, you may be sentenced as follows:
 - a. First offense – a fine of not more than \$250.00 and/or a definite term of imprisonment of not more than thirty (30) days in jail or both.
 - b. Second offense – a fine of not more than \$500.00 and/or a definite term of imprisonment of not more than sixty (60) days in jail or both.
 - c. Third offense – a fine of not more than \$1,000.00 and/or a definite term of imprisonment of not more than ninety (90) days in jail or both.

7. The court may grant you limited driving privileges under R.C. 4510.021 if your driver's license was suspended based on a notice issued by a child support enforcement agency because you are in default under a child support order or you have failed to comply with a subpoena or warrant issued by a court or agency with respect to a proceeding to enforce a child support order. You must request limited driving privileges and your request must be accompanied by a recent copy of your driver's abstract driving record from the registrar of motor vehicles.

JUDGE/MAGISTRATE

**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

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