

COURT OF COMMON PLEAS, JUVENILE DIVISION
CLERMONT COUNTY, OHIO

**MOTION TO MODIFY CHILD SUPPORT, MEDICAL SUPPORT,
TAX EXEMPTION, OR OTHER CHILD-RELATED EXPENSES**

**GENERAL INFORMATION REGARDING THE FILING OF A MOTION TO MODIFY CHILD
SUPPORT, MEDICAL SUPPORT, TAX EXEMPTION, OR OTHER CHILD-RELATED EXPENSES**

- 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 complaint 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 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 \$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: Clerk's Office
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 about our procedures, you may contact Teresa at (513) 732-7155.

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

IN THE MATTER OF:

CASE NO. _____

Minor Child(ren)

Plaintiff/Petitioner 1

vs.

Defendant/Petitioner 2/Respondent

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 the child support or child support-related matters. A Request for Service, the Affidavit of Income and Expenses, and the Explanation of Health Care Bills must be filed with this Motion. The Court may require additional forms to accompany this document. You must check the requirement of the County in which you file. **YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF YOUR CONTACT INFORMATION CHANGES.**

**MOTION TO MODIFY CHILD SUPPORT, MEDICAL SUPPORT,
TAX EXEMPTION, OR OTHER CHILD-RELATED EXPENSES**

Now comes, _____ (Name), the Movant, and requests a change in the obligation to provide support or the right to receive support for the minor child(ren) as follows: *(check all that apply)*

- The amount of child support or cash medical support
- The person responsible for providing health insurance
- The division of non-insured health care expenses
- The person who can claim the child(ren) as dependents for tax purposes
- Other child-related expenses

Since the Court issued the existing Order, circumstances have changed as follows:

Movant represents that the child support obligor _____ has more than or _____ has less than 90 overnights visits per year with the child(ren). (Please check one of the above.)

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 request that the Court order the following: (*check all that apply*)

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

I represent that the information set forth above is true.

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

Your Signature

Your Printed Name

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

IN THE MATTER OF:

Case No. _____

Judge James A. Shriver

Magistrate _____

Minor Child(ren)

Plaintiff/Petitioner 1

vs.

Defendant/Petitioner 2

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/Petitioner 1

Defendant/Petitioner 2

Date of Birth _____	Date of Birth _____
Social Security Number _____	Social Security Number _____
Phone Number _____	Phone Number _____
<p>Health:</p> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <p>If health is not good, please explain:</p>	<p>Health:</p> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <p>If health is not good, please explain:</p>

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

	Your Name	Absent Parent's Name
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

	Your Name	Absent Parent's Name
Base yearly income	\$ _____ 3 years ago	\$ _____
	\$ _____ 2 years ago	\$ _____
	\$ _____ Last year	\$ _____
Yearly overtime, commissions and/or bonuses	\$ _____ 3 years ago	\$ _____
	\$ _____ 2 years ago	\$ _____
	\$ _____ Last year	\$ _____

B. COMPUTATION OF CURRENT INCOME

	Your Name	Absent Parent's Name
	_____	_____
Base yearly income	\$ _____	\$ _____
Average yearly overtime, commissions and/or bonuses over last 3 years (from part A)	\$ _____	\$ _____
Unemployment compensation	\$ _____	\$ _____
Disability benefits		
<input type="checkbox"/> Workers' Compensation		
<input type="checkbox"/> Social Security		
<input type="checkbox"/> Other: _____	\$ _____	\$ _____
Retirement benefits		
<input type="checkbox"/> Social Security		
<input type="checkbox"/> Other: _____	\$ _____	\$ _____
Spousal support received	\$ _____	\$ _____
Interest and dividend income (source)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Other income (type and source)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL YEARLY INCOME	\$ _____	\$ _____
Supplemental Security Income (SSI) or public assistance	\$ _____	\$ _____
Court-ordered child support that you receive 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 from this relationship:

Name	Date of birth	Living with
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In addition to the above child(ren):

Plaintiff/Petitioner 1 has _____ other minor biological or adopted child(ren).

Defendant/Petitioner 2 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)	\$	_____

Travel and vacations	\$	
Pets	\$	
Gifts	\$	
Attorney fees	\$	
Other	\$	
	\$	
TOTAL MONTHLY:		\$

H. MONTHLY INSTALLMENT PAYMENTS

(Do not repeat expenses already listed.)
 Examples: car, credit card, rent-to-own, cash advance payments

To whom paid	Purpose	Balance due	Monthly payment
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
TOTAL MONTHLY:		\$	

GRAND TOTAL MONTHLY EXPENSES (Sum of A through H): \$ _____

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)

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

Plaintiff/Petitioner 1

vs./and

Defendant/Petitioner 2

Case No. _____

Judge James A. Shriver

Magistrate _____

Instructions: Check local court rules to determine when this form must be filed. This affidavit is used to disclose health insurance coverage that is available for children. It is also used to determine child support. It must be filed if there are minor

HEALTH INSURANCE AFFIDAVIT

Affidavit of _____

	<u>Plaintiff/Petitioner 1</u>	<u>Defendant/Petitioner 2</u>
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 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)

**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