

COURT OF COMMON PLEAS  
JUVENILE DIVISION  
CLERMONT COUNTY, OHIO

GENERAL INFORMATION REGARDING FILING A MOTION FOR CHANGE OF PARENTING TIME  
(COMPANIONSHIP AND VISITATION)

- 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 ink the information on the forms.
- **YOUR PAPERWORK CANNOT BE PROCESSED IF WE DO NOT HAVE COMPLETE AND CURRENT ADDRESSES FOR ALL PARTIES INCLUDING WORK ADDRESSES.**
- 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 drop off at the window.
- 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 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 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.

If you have questions, please call (513) 732-7772.

Revised June 2021

COURT OF COMMON PLEAS  
JUVENILE DIVISION  
CLERMONT COUNTY, OHIO

In the Matter of:

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

Minor child(ren)

\_\_\_\_\_  
Plaintiff

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

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 the parenting time (companionship and visitation) order. A Request for Service and a Parenting Proceeding Affidavit must be filed with this motion. 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 PARENTING TIME  
(COMPANIONSHIP AND VISITATION)**

Now comes, \_\_\_\_\_ (name), the Movant, and requests a change in the existing parenting time (companionship and visitation) Order filed on \_\_\_\_\_ (date of filing), regarding the following minor child(ren):

Name of Child

Date of Birth

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

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

Your relationship to the child(ren) is as follows: \_\_\_\_\_

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

Parental rights and responsibilities are currently allocated as follows:

---

---

---

Movant requests that the Court change the parenting time (companionship and visitation) order because:

---

---

---

Movant requests that the Court change the existing parenting time (companionship and visitation) order as follows:

---

---

---

---

I believe that the modification I am seeking is in the best interest of the child(ren) for the following reasons:

---

---

---

---

---

---

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 of Child Abuse and Neglect as well as a background check.

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**

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

**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 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**

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, 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> _____		<b>Place of birth</b> _____	<b>Date of birth</b> _____	<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"/>	_____ _____	_____	
_____ to _____	<input type="checkbox"/>	_____ _____	_____	
_____ to _____	<input type="checkbox"/>	_____ _____	_____	
_____ to _____	<input type="checkbox"/>	_____ _____	_____	

<b>c. Child's name</b> _____		<b>Place of birth</b> _____	<b>Date of birth</b> _____	<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"/>	_____ _____	_____	
_____ 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: \_\_\_\_\_





**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

IN THE COURT OF COMMON PLEAS, JUVENILE DIVISION  
CLERMONT COUNTY, OHIO  
INFORMATION NEEDED FOR CUSTODY/VISITATION CASES  
FILL OUT ALL INFORMATION COMPLETELY  
INFORMATION FOR COURT USE ONLY

Date \_\_\_\_\_

1. Your name: \_\_\_\_\_ DOB: \_\_\_\_\_  
SS#: \_\_\_\_\_  
Your Street Address: \_\_\_\_\_  
Your City, State and Zip \_\_\_\_\_  
Your Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Your relationship to child: \_\_\_\_\_
  
2. Name of child/children: \_\_\_\_\_  
\_\_\_\_\_  
DOB of child/children: \_\_\_\_\_  
\_\_\_\_\_  
Present Street Address of Child/Children: \_\_\_\_\_  
Present City, State and Zip of Child/Children: \_\_\_\_\_  
Who does the child currently live with/relationship: \_\_\_\_\_  
\_\_\_\_\_
  
3. Natural Mother's name: \_\_\_\_\_ DOB: \_\_\_\_\_  
SS#: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State and Zip \_\_\_\_\_  
Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Email Address: \_\_\_\_\_
  
4. Natural Father's name: \_\_\_\_\_ DOB: \_\_\_\_\_  
SS#: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State and Zip \_\_\_\_\_  
Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Email Address: \_\_\_\_\_
  
5. Legal Custodian's name: \_\_\_\_\_ DOB: \_\_\_\_\_  
SS#: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State and Zip \_\_\_\_\_  
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