

**JUVENILE COURT PERSONAL INFORMATION SHEET  
ORIGINAL ONLY FOR THE COURT NO COPIES REQUIRED**

If you have a VALID PROTECTION ORDER (the Court will need a copy) you still must write your address on this page, as this is for court records only. DO NOT write your address on the attached pages.

**Are / Were the parents of this child ever married? (check one)      Yes      No**

**PLEASE PRINT LEGIBLY OR TYPE THE FOLLOWING INFORMATION:**

**SETS # (if applicable)** \_\_\_\_\_

**1. Child(ren) this Complaint/Motion is being filed on:**

**CHILD 1:** Name: \_\_\_\_\_ **JC#** \_\_\_\_\_

DOB \_\_\_\_\_ SSN (if known) \_\_\_\_\_

**CHILD 2:** Name: \_\_\_\_\_ **JC#** \_\_\_\_\_

DOB \_\_\_\_\_ SSN (if known) \_\_\_\_\_

**CHILD 3:** Name: \_\_\_\_\_ **JC#** \_\_\_\_\_

DOB \_\_\_\_\_ SSN (if known) \_\_\_\_\_

**Child(ren)'s current residence (street address):** \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

**2. Filing party:** \_\_\_\_\_

Relationship to the child (mother/father/grandparent, etc.): \_\_\_\_\_

Mailing address: (Street Address): \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**3. Respondent:** \_\_\_\_\_

Relationship to the child (mother/father/grandparent, etc.): \_\_\_\_\_

Mailing address: (Street Address): \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

SSN (if known): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## JUVENILE COURT INFORMATION SHEET (PAGE 2)

4. **Respondent:** \_\_\_\_\_

Relationship to the child (mother/father/grandparent, etc.): \_\_\_\_\_

Mailing address: (Street Address): \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

SSN (if known): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### ADDITIONAL PARTIES

5. **Additional Party:** \_\_\_\_\_

Relationship to the child (mother/father/grandparent, etc.): \_\_\_\_\_

Mailing address: (Street Address): \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

SSN (if known): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

6. **Additional Party:** \_\_\_\_\_

Relationship to the child (mother/father/grandparent, etc.): \_\_\_\_\_

Mailing address: (Street Address): \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

SSN (if known): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

7. **Additional Party:** \_\_\_\_\_

Relationship to the child (mother/father/grandparent, etc.): \_\_\_\_\_

Mailing address: (Street Address): \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

SSN (if known): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

IN RE:

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

JC# \_\_\_\_\_  
JC# \_\_\_\_\_  
JC# \_\_\_\_\_

Minor Child(ren)

SETS# \_\_\_\_\_

\_\_\_\_\_  
Name

JUDGE \_\_\_\_\_

MAGISTRATE \_\_\_\_\_

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

\_\_\_\_\_  
City, State, Zip Code

Petitioner

vs. / and

\_\_\_\_\_  
Name

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

\_\_\_\_\_  
City, State, Zip Code

Respondent

**Instructions: One original per child.** Consult with local rules to determine what else may be required with this filing. This form is used to be legally recognized as the parent of the child, be named as the residential parent, or obtain visitation with the child(ren). The Parenting Proceeding Affidavit and the Affidavit of Income and Expenses are attached.

**MOTION FOR ALLOCATION PARENTING TIME (VISITATION)**

1. I, \_\_\_\_\_ (name), am the Plaintiff and the  
 (select one)  Father  Mother  \_\_\_\_\_ (other) of the following  
 child(ren):

Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____

2. Defendant, \_\_\_\_\_ (name), is the  
 Father  Mother  \_\_\_\_\_ (other) of the following child(ren).

3. The child has resided in \_\_\_\_\_ County, Ohio since \_\_\_\_\_  
 (date residence established) as set out in the Parenting Proceeding Affidavit.

4. The father-child relationship  has  has not (select one) been established. If it has been  
 established, a copy of the order establishing the father-child relationship or a copy of the child's  
 birth certificate is attached.

5.  No court has issued an order about this child.  
 The following Court has issued an order about the child(ren) \_\_\_\_\_

6. I request that the Court (check all that apply):

- Name \_\_\_\_\_ (Father's name) as the  
 Father of the child \_\_\_\_\_ (child's name).
- Correct the child's birth certificate to indicate the child's father.
- Order genetic testing and determine the father of the child.
- Change the child's name to \_\_\_\_\_.
- Name the  Plaintiff  Defendant (select one) as the residential parent and legal custodian of  
 the child(ren).
- Grant reasonable parenting time (visitation) to the  Mother  Father (select one).
- Adopt the attached proposed Shared Parenting Plan
- Order the appropriate amount of child support for the child, allocate the income tax  
 dependency exemption, and determine who should provide health insurance coverage for the  
 child.
- Other (specify): \_\_\_\_\_

7. The reason for this Complaint is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Telephone number at which the Court may  
reach you or at which message may be left for you

**OATH**

(Do not sign until notary is present.)

I, (print 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 penalties for perjury.

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

Sworn before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:  
\_\_\_\_\_

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

IN THE MATTER OF:

\_\_\_\_\_ **JC#** \_\_\_\_\_

\_\_\_\_\_ **JC#** \_\_\_\_\_

\_\_\_\_\_ **JC#** \_\_\_\_\_

Minor Child(ren)

\_\_\_\_\_ **SETS** \_\_\_\_\_  
Plaintiff/Petitioner

**JUDGE** \_\_\_\_\_

v./and

**MAGISTRATE** \_\_\_\_\_

\_\_\_\_\_   
Defendant/Petitioner/Respondent

---

**PARENTING PROCEEDING AFFIDAVIT (R.C. 3127.23(A))**

**Affidavit of** \_\_\_\_\_  
(Print Your Name and Relationship to Child)

**Check and complete ALL THAT APPLY:**

1.  I request that the court not disclose my current address or that of the child(ren). I have attached proof that my address is confidential pursuant to R.C. 3127.23(D) and should be placed under seal to protect the health, safety, or liberty of myself and/or the child(ren).
2.  Minor child(ren) are subject to this case as follows:

**Instructions:** Check local court rules to determine when this form must be filed.  
By law, an affidavit must be filed and served with the first pleading filed by each party in every parenting (custody / visitation) proceeding in this Court. 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.**

Insert the information requested below for all minor or dependent children of this relationship. 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:**  Male  Female

<u>Period of Residence</u>	<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived (name &amp; address)</u>	<u>Relationship</u>
_____ to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____

**b. Child's Name:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Sex:**  Male  Female

Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

<u>Period of Residence</u>	<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived (name &amp; address)</u>	<u>Relationship</u>
_____ to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____

**c. Child's Name:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Sex:**  Male  Female

Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

<u>Period of Residence</u>	<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived (name &amp; address)</u>	<u>Relationship</u>
_____ to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CHILDREN, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

3. **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. For each case in which you participated, give the following information:

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

IF MORE SPACE IS NEEDED FOR ADDITIONAL CUSTODY CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

4. **Information about other civil case(s) that could affect this case: (Check only one box.)**

I **HAVE NO INFORMATION** about any other civil 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 other civil 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. Do not repeat cases already listed in Paragraph 3. Explain:

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

IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

5. **Information about criminal and / or delinquency case(s):**

List all of the criminal convictions, including guilty pleas and delinquency adjudications 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.

<u>Name</u>	<u>Case Number</u>	<u>Court/State/County</u>	<u>Convicted of What Crime?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .



**6. Persons not a party to this case who has physical custody or claims to have custody or visitation rights to children subject to this case: (Check only one box.)**

**I DO NOT KNOW OF ANY PERSON(S)** not a party to this case who has/have physical custody or claim(s) 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: \_\_\_\_\_

\_\_\_\_\_

**OATH**

(Do Not Sign Until Notary is Present)

I, (print 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 penalties for perjury.

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

Sworn before me and signed in my presence this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**MONTGOMERY COUNTY COMMON PLEAS COURT  
JUVENILE DIVISION - CLERK'S OFFICE**

**INSTRUCTIONS FOR SERVICE**

IN RE: \_\_\_\_\_ J.C. No. \_\_\_\_\_

IN RE: \_\_\_\_\_ J.C. No. \_\_\_\_\_

IN RE: \_\_\_\_\_ J.C. No. \_\_\_\_\_

**PLEASE ISSUE SERVICE TO: \_\_\_\_\_  Check if a RE-ISSUE OF SERVICE**

**Name:** \_\_\_\_\_  Notice Only

**Address:** \_\_\_\_\_

VIA: \_\_\_\_\_ Regular Mail \_\_\_\_\_ Certified Mail \_\_\_\_\_ Registered Mail\* (International)  
\_\_\_\_\_ Process Server\* \_\_\_\_\_ Commercial Carrier\* \_\_\_\_\_ Sheriff\*

**Name:** \_\_\_\_\_  Notice Only

**Address:** \_\_\_\_\_

VIA: \_\_\_\_\_ Regular Mail \_\_\_\_\_ Certified Mail \_\_\_\_\_ Registered Mail\* (International)  
\_\_\_\_\_ Process Server\* \_\_\_\_\_ Commercial Carrier\* \_\_\_\_\_ Sheriff\*

**Name:** \_\_\_\_\_  Notice Only

**Address:** \_\_\_\_\_

VIA: \_\_\_\_\_ Regular Mail \_\_\_\_\_ Certified Mail \_\_\_\_\_ Registered Mail\* (International)  
\_\_\_\_\_ Process Server\* \_\_\_\_\_ Commercial Carrier\* \_\_\_\_\_ Sheriff\*

**Name:** \_\_\_\_\_  Notice Only

**Address:** \_\_\_\_\_

VIA: \_\_\_\_\_ Regular Mail \_\_\_\_\_ Certified Mail \_\_\_\_\_ Registered Mail\* (International)  
\_\_\_\_\_ Process Server\* \_\_\_\_\_ Commercial Carrier\* \_\_\_\_\_ Sheriff\*

**If checked, please send Notice Only copy to:** *(check if case involves child support)*

Montgomery County CSEA, 1111 S. Edwin C. Moses Blvd., Dayton, OH 45417

*All unclaimed certified mail will automatically be reissued by regular US mail unless the filing party indicates otherwise.  
If you do NOT want unclaimed mail to be re-sent by regular US mail, check here \_\_\_\_\_*

Filer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_