

IN THE COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS
BUTLER COUNTY, OHIO

Date: _____

Case: _____

FAMILY INFORMATION SHEET

PARTIES IDENTIFYING INFORMATION

Plaintiff's Name:

Last First Middle

Address:

Street

City State Zip

Date of Birth: _____

Social Security: _____

Telephone: _____

Defendant's Name:

Last First Middle

Address:

Street

City State Zip

Date of Birth: _____

Social Security: _____

Telephone: _____

Children of the Marriage:

Child's Name:	_____
Date of Birth:	_____
SSN:	_____
Child's Name:	_____
Date of Birth:	_____
SSN:	_____
Child's Name:	_____
Date of Birth:	_____
SSN:	_____
Child's Name:	_____
Date of Birth:	_____
SSN:	_____
Child's Name:	_____
Date of Birth:	_____
SSN:	_____

**IN THE COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS
BUTLER COUNTY, OHIO**

Plaintiff/1st Petitioner/Petitioner
DOB _____
Address _____

Case No. _____

Affidavit of Income

V.

(Name of Affiant)

Defendant/2nd Petitioner/Respondent
DOB _____
Address _____

Date of Marriage _____

Date of Separation _____

Note: This affidavit must be completed and exchanged in accordance with Local Rules of Court in every action for divorce, dissolution, legal separation, annulment and post decree motion that concerns modification of support. You will be required to provide proof of income per local rule and O.R.C. 3121. You are under a continuing legal duty to file an updated version of this form if you learn of any additional information. If more space is needed, attach additional page(s).

I. Income [As defined in O.R.C. 3119.01(C)]:

A. Gross Yearly Income from Employment

(If not known, please estimate. Put "EST" after each estimated figure.)

	Husband / Father				Wife / Mother			
Gross Yearly Employment Income								
Employer								
Address of Employer								
City, State, Zip								
Check the number of Paychecks per year	12	24	26	52	12	24	26	52
Year-to-date Gross Income				Through date of				Through date of
Prior Year's Tax Refund								

B. Annual Overtime, Commissions, Bonuses

(If not known, please estimate. Put "EST" after each estimated figure.)

Husband / Father		
Year 3 is Most Recent Year	Base Income	Overtime, Commission, Bonuses
20__ Year 1		
20__ Year 2		
20__ Year 3		
Y-T-D This Year Through: _____		

Wife / Mother		
Year 3 is Most Recent Year	Base Income	Overtime, Commission, Bonuses
20__ Year 1		
20__ Year 2		
20__ Year 3		
Y-T-D This Year Through: _____		

C. Gross Self-Employment Income

(If not known, please estimate. Put "EST" after each estimated figure.)

Use Gross Annual Figures for Most Recent Full Year. See O.R.C. 3119.01(C)

Business Receipts
 Ordinary & Necessary Business Expenses
 Net Business Income

Husband / Father

Wife / Mother

D. Other Income

All other income, actual or expected, including pension, social security, workers compensation, commissions, royalties, disability benefits, trust income, annuities, recurring capital gains, unemployment benefits, rents, expense-sharing, dividends, interest, AFDC, SSI, food stamps, spousal support received from a prior spouse, etc.

(If not known, please estimate. Put "EST" after each estimated figure.)

Husband / Father	
Per Year	Describe

Wife / Mother	
Per Year	Describe

E. Total Annual Income

Husband / Father	
Total gross annual income	
Total average gross monthly income	÷ 12 =

Wife / Mother	
Total gross annual income	
Total average gross monthly income	÷ 12 =

Average monthly deductions	Less
Total net monthly income	=

Average monthly deductions	Less
Total net monthly income	=

F. Benefits of Employment

(Use of company car, country club memberships, stock options, etc.)

Husband / Father	
Benefits	Values

Wife / Mother	
Benefits	Values

II. Information Required for Support Calculation:

A. Minor or Dependent Children of this Marriage

Child's Name	Date of Birth	Residing with

B. Other Minor Children Living in My Household

Child's Name	Date of Birth	Relationship

C. Other Minor Children of Mine, Not Living in My Household

Child's name	Date of Birth	Residing with

OATH OF AFFIANT

I, _____ (print) hereby swear or affirm that the information set forth in this Affidavit of Income above is true, complete, and accurate. I understand that falsification of this document may result in a contempt of court finding against me which could result in a jail sentence and fine, and that falsification of this document may also subject me to criminal penalties for perjury (O.R.C. 2921.22).

AFFIANT

Sworn to and subscribed before me this _____ Day of _____, _____.

Notary Public

Initialed _____

**IN THE COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS
BUTLER COUNTY, OHIO**

Case No. _____

Plaintiff/1st Petitioner/Petitioner
DOB _____
Address _____

Affidavit of Property

V.

Defendant/2nd Petitioner/Respondent
DOB _____
Address _____

(Name of Affiant)

Date of Marriage _____

Date of Separation _____

Note: This affidavit must be completed and exchanged in accordance with Local Rules of Court in every action for divorce, dissolution, legal separation, and annulment. You are under a continuing legal duty to file an updated version of this form if you learn of any additional information. If more space is needed, attach additional page(s).

List ALL YOUR PROPERTY AND DEBTS, the property and debts of your spouse, and any joint property or debts. Do not leave any category blank. For each item, if none, put "NONE". If you don't know exact figures for any item, give your best estimate, and put "EST". **If more space is needed, attach extra pages.**

I. Bankruptcy:

Filed by: Wife Husband, Both	Date of Filing: Case Number	Date of Discharge or Relief from Stay	Type of Case (Ch. 7, 11, 12, 13)	Current Monthly Payments
1.				
2.				

II. Real Estate Interests:

Address	Titled to Husband, Wife, or Both	Present Fair Market Value	Mortgages: Balance Due	Monthly Mortgage Payments
1.				
2.				
3.				
4.				

III. Other Assets:

Category	Description (Also list who has possession)	Titled to Husband, Wife, or Both	Present Fair Market Value (Also list balance due on any liens)
A. Vehicles, Other Licensed Property	(Include automobiles, trucks, motorcycles, boats, motors, motor homes, etc.)		
1.			
2.			
3.			
B. Financial Accounts	(Include checking, savings, CD's, POD accounts, money market accounts, etc.)		
1.			
2.			
3.			
C. Pensions & Retirement Plans	(Include profit-sharing, IRA's, 401K plans, etc. Describe each type of plan.)		
1.			
2.			
3.			
D. Publicly Held Stocks, Bonds, Securities, & Mutual Funds			
1.			
2.			
E. Closely Held Stocks & Other Business Interests	(Describe type of business and type of ownership.)		
1.			
2.			
F. Life Insurance	(Include insurance provided by employer, term, whole life, any cash value or loans.)		
1.			
2.			
G. Furniture & Appliances	(Estimate value of those in your possession, and value of those in your spouse's possession.)		
1. In Your Possession			
2. In Spouse's Possession			
H. Safe Deposit Box	(Give location and describe contents)		
1.			

2.			
I. Transfer of Assets	Explanation: List the name and address of any person [other than creditors listed on your Affidavit] who has received money or property from you exceeding \$100 in value in the past 12 months and the reason for each transfer.		
1.			
2.			
J. Lost Assets	Explanation: List any item you claim is lost or missing as of this date, and its value.		
1.			
2.			

IV. Debts:

List ALL OF YOUR DEBTS, the debts of your spouse, and any joint debts. Do not leave any category blank. For each item, if none, put "NONE". If you don't know exact figures for any item, give your best estimate, and put "EST". **If more space is needed, attach extra pages.**

Type	Name of Creditor / Purpose of Debt	Total Debt Due	Monthly Payment
A. Secured debts (Mortgages, car, etc.)			
1.			
2.			
3.			
4.			
B. Unsecured debts, including credit cards			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

Initialed _____

V. Separate Property Claims: [As defined in O.R.C. 3105.171(A)(6)(a)]

If you are making any claims in any of the categories below, explain the nature and amount of your claim. This includes but is not limited to inheritances, property owned before marriage and pre-nuptial agreements.

Category	Description	Why do you claim this as a separate property?	Present Fair Market Value	Present Debt

OATH OF AFFIANT

I, _____ (print) hereby swear or affirm that the information set forth in this Affidavit of Property above is true, complete, and accurate. I understand that falsification of this document may result in a contempt of court finding against me which could result in a jail sentence and fine, and that falsification of this document may also subject me to criminal penalties for perjury (O.R.C. 2921.22).

AFFIANT

Sworn to and subscribed before me this _____ Day of _____, _____.

Notary Public

**IN THE COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS
BUTLER COUNTY, OHIO**

Plaintiff/1st Petitioner/Petitioner
DOB _____
Address _____

Case No. _____

Affidavit of Expenses

V.

Defendant/2nd Petitioner/Respondent
DOB _____
Address _____

(Name of Affiant)

Date of Marriage _____

Date of Separation _____

Note: This affidavit must be completed and exchanged in accordance with Local Rules of Court in every action for divorce, dissolution, legal separation, annulment and post decree motion that concerns modification of support. You will be required to provide proof of income per local rule and O.R.C. 3121. You are under a continuing legal duty to file an updated version of this form if you learn of any additional information. If more space is needed, attach additional page(s).

Affiant's Monthly Living Expenses:

List your **ACTUAL** expenses for your **present household** in the first column. Give estimated expenses if you don't have exact figures. If you expect changes soon, list your **ANTICIPATED** expenses in your household after the divorce case in the second column. Explain why you expect your expenses to change. Also, if you are living with your parents or someone is helping you with your living expenses, please explain.

My Average Monthly Expenses	Actual Monthly Expenses in My Present Household	Anticipated Future Monthly Expenses in My Household
There are now _____ adults and _____ children living in my present household.	I am assisted with my living expenses by:	The reason I expect my household living expenses to change soon is:
A. Housing	Actual	Anticipated
Rent or First Mortgage		
Real Estate Taxes (if not included above)		
Real Estate Insurance (if not included above)		
Second Mortgage, if any		

Initialed _____

UTILITIES:		
• Electric (level billing or avg/month)		
• Gas (if billed separately)		
• Fuel Oil/Propane		
• Water & Sewer		
• Telephone (basic monthly charge)		
• Water Softener		
• Trash Collection		
Telephone (average long distance)		
Cable Television		
Home Cleaning, Maintenance, Repair		
Lawn Service, Snow Removal		
Other:		
Housing Total	(A)	(A)

B. Other Necessary Living Expenses	Actual	Anticipated
FOOD, ETC.:		
• Grocery (include food, paper & cleaning products, toiletries, etc.)		
• Restaurant		
TRANSPORTATION, ETC.:		
• Car Loan or Lease		
• Gasoline		
• Car Maintenance & Repair		
• Parking, Public Transit		
CLOTHING, ETC.:		
• Dry Cleaning, Laundry		
• Personal Grooming		
Other:		
Other Necessities Total	(B)	(B)

Initialed _____

C. Child-Related Expenses	Actual		Anticipated	
Child Care (work/ educational-related)				
Clothing				
School Lunches				
Children's Allowances				
Extra-Curricular Activities				
Other:				
Child-Related Expenses Total			(C)	(C)

D. Educational Expenses for:	Actual		Anticipated	
	You	Child(ren)	You	Child(ren)
Tuition	\$			
Books	\$			
Fees	\$			
Tutor	\$			
Activities	\$			
College Loan Repayment	\$			
Other:	\$			
Education Total	\$		(D)	(D)

E. Health Care Expenses	You	Child(ren)	You	Child(ren)
	Doctor			
Dentist				
Optical				
Orthodontist				
Prescriptions				
Other:				

Health Care Total		(E)	(E)
--------------------------	--	------------	------------

F. Insurance	Actual	Anticipated
Life		
Auto		
Health		
Disability		
COBRA Insurance Coverage		
Personal Property		
Other:		
Insurance Total	(F)	(F)

G. Enrichment (Your expenses. Put child(ren)'s expenses under C or D, above)	Actual	Anticipated
Entertainment		
Lessons		
Books, Newspapers, Magazines		
Sports		
Clubs		
Hobbies		
Donations		
Gifts		
Vacation		
Other:		
Enrichment Total	(G)	(G)

H. Miscellaneous Expenses (Include expenses and debts not previously listed.)	Actual	Anticipated
1.		

Initialed _____

2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
Miscellaneous Expenses Total		(H)	(H)
Grand Total of Monthly Expenses (Sum of A - H in each column)			

OATH OF AFFIANT

I, _____ (print) hereby swear or affirm that the information set forth in this Affidavit of Expenses above is true, complete, and accurate. I understand that falsification of this document may result in a contempt of court finding against me which could result in a jail sentence and fine, and that falsification of this document may also subject me to criminal penalties for perjury (O.R.C. 2921.22).

AFFIANT

Sworn to and subscribed before me this _____ Day of _____, _____.

Notary Public

INSTRUCTIONS FOR HOUSEHOLD GOODS AND FURNISHINGS FORM

Each party shall complete an inventory of all household goods and furnishings in their possession.

All furniture must be recorded as an individual item. All household items, such as a set dishes, pots/pans, flatware, etc., may be recorded as one item. In completing the inventory, Husband only writes in his column when designating status and possession and Wife only writes in her column when designating status and possession.

Upon completion, the inventory must be returned to counsel as ordered by the Court on _____ . Counsel shall exchange the inventory with opposing counsel on _____. Upon receipt, counsel shall have their client review the other party's inventory. Upon review, the opposing party shall designate the status of all listed property on _____ .

In the event a party believes the other party's inventory is incomplete, the reviewing party shall add the additional items to the other party's inventory under the heading of Additional Items and designate status. Upon completion of the review, counsel shall exchange. The completion of the inventory shall be within the time parameters as ordered by the Court.

1. Description: Identify the particular item by name.

2. Status:

Husband Column:

Husband's opinion must be indicated in this column by one of the following letters:

M = marital asset.

H = husband-s separate asset.

W = wife-s separate asset.

O = other.

Wife Column:

Wife's opinion must be indicated in this column by one of the following letters:

M = marital asset.

H = husband-s separate asset.

W = wife-s separate asset.

O = other.

HOUSEHOLD GOODS AND FURNISHINGS FORM

Please Print

Please Print

Description	Status		Possession	
	Husband	Wife	Husband	Wife

Husband marks only in "Husband" column.

Wife marks only in "Wife" column.

IN THE COURT OF COMMON PLEAS
DOMESTIC RELATIONS DIVISION
BUTLER COUNTY, OHIO

Plaintiff/1st Petitioner

*

CASE NO. _____

*

*

MILITARY AFFIDAVIT

-VS-

*

*

Defendant/2nd Petitioner

*

Date _____

*

* * * * *

Now comes _____, affiant herein, and being first duly sworn, states as follows:

Affiant states that the above named defendant herein is not now in the Military Service as defined in the Servicemembers Civil Relief Act, 50 U.S.C. § 521.

Plaintiff

Sworn to before me and subscribed in my presence this _____ day of _____, 20__.

Notary

Appendix B – Affidavit of Health Care Coverage

**IN THE COURT OF COMMON PLEAS
DOMESTIC RELATIONS DIVISION
BUTLER COUNTY, OHIO**

_____ : CASE NO. _____
Plaintiff/First Petitioner/Petitioner :
_____ :
_____ :
vs. : Affidavit of Available Health Care
Coverage
_____ :
Defendant/Second Petitioner/Respondent :
_____ :
_____ :
: : : :

Affiant, _____, being duly cautioned and sworn states as follows:

_____ 1. Affiant states there is health insurance available for the parties' child(ren) through mother's employer private health insurance spouse. The cost of the insurance is \$ _____ per _____ for the family plan and \$ _____ per (state weekly, biweekly, bimonthly, monthly, annually) _____ for employee only coverage. The cost of the insurance is included in the child support calculation which affiant has filed with this affidavit.

_____ 2. Affiant states there is health insurance available for the parties' child(ren) through father's employer private health insurance spouse. The cost of the insurance is \$ _____ per _____ for the family plan and \$ _____ per (state weekly, biweekly, bimonthly, monthly, annually) _____ for employee only coverage. The cost of the insurance is included in the child support calculation which affiant has filed with this affidavit.

_____ 3. Affiant states there is health insurance available for the parties' child(ren) through mother's employer private health insurance spouse. Affiant does not have information or access to the information as to the cost of the coverage. Affiant has subpoenaed the information from the employer.

_____ 4. Affiant states there is health insurance available for the parties' child(ren) through father's employer private health insurance spouse. Affiant does not have

information or access to the information as to the cost of the coverage. Affiant has subpoenaed the information from the employer.

____ 5. Affiant states there is no health insurance available through either parent's employer. The attached child support calculation includes a cash medical payment to be paid in addition to the child support order by the obligor in this case.

____ 6. Affiant states there is no health insurance available through either parent's employer. Affiant further states that the parties' children are covered by a state medical card with _____ as the custodian of the children. The attached child support calculation includes a cash medical payment to be paid in addition to the child support by the obligor in this case.

____ 7. Affiant states he/she has no knowledge as to whether there is health insurance available through the other parent's employer private health insurance spouse. The attached child support calculation provides for child support and a cash medical payment to be paid by the obligor if there is no coverage.

OATH OF AFFIANT

I hereby swear or affirm that the answers above are true, complete and accurate. I understand that falsification of this document may result in a contempt of court finding against me which could result in a jail sentence and fine, and that falsification of the document may also subject me to criminal penalties for perjury (R.C. 2921.11).

Signature of Affiant

Date

Sworn to and subscribed before me this _____ day of _____,
_____.

Notary Public

My commission expires _____

**BUTLER COUNTY COMMON PLEAS COURT
DIVISION OF DOMESTIC RELATIONS**

WITHHOLDING ORDER/QUALIFIED MEDICAL CHILD SUPPORT ORDER INFORMATION SHEET

DATE: _____ REQUESTED BY: _____ CASE NO. _____

OBLIGOR (PERSON ORDERED TO PAY): _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

PHONE: _____ PAYROLL ADDRESS: _____

NAME AND ADDRESS OF EMPLOYER: _____

EMPLOYER PHONE: _____

PAY SCHEDULE: Weekly Bi-weekly Semi-monthly Monthly

MONTHLY OBLIGATION \$ _____ OBLIGATION PER PAY PERIOD \$ _____ -- _____

FINANCIAL INSTITUTIONS

NAME AND ADDRESS	TYPE OF ACCOUNT	ACCOUNT NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

OBLIGEE (PERSON/AGENCY TO RECEIVE PAYMENTS): _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

PHONE: _____

CASE TYPE: IV-D Non-ADC IV-D ADC Non-IV-D

Number of minor children for whom support is paid (Alternate Recipients covered by insurance) _____

CHILD'S NAME: _____ SOC. SEC. NO: _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

RESIDENTIAL PARENT/LEGAL GUARDIAN: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CHILD'S NAME: _____ SOC. SEC. NO: _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

RESIDENTIAL PARENT/LEGAL GUARDIAN: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CHILD'S NAME: _____ SOC. SEC. NO: _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

RESIDENTIAL PARENT/LEGAL GUARDIAN: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PARTICIPANT (PERSON ORDERED TO PROVIDE INSURANCE):

PROVIDER OF INSURANCE IS: Obligor Obligor's Spouse Other
ADDRESS: CITY: STATE: ZIP:
SOCIAL SECURITY NUMBER: DATE OF BIRTH:
EMPLOYER:
EMPLOYER ADDRESS:

EMPLOYER PHONE:
INSURANCE IS UNDER: GROUP PLAN PRIVATE PLAN
NAME(S) OF PLAN(S):
NAME(S) / ADDRESS(ES) OF PLAN ADMINISTRATOR(S):

POLICY AND/OR GROUP NUMBER(S):
DESCRIPTION OF TYPE OF COVERAGE TO BE PROVIDED:

PARTICIPANT (PERSON ORDERED TO PROVIDE INSURANCE):

PROVIDER OF INSURANCE IS: Obligee Obligee's Spouse Other
ADDRESS: CITY: STATE: ZIP:
SOCIAL SECURITY NUMBER: DATE OF BIRTH:
EMPLOYER:
EMPLOYER ADDRESS:

EMPLOYER PHONE:
INSURANCE IS UNDER: GROUP PLAN PRIVATE PLAN
NAME(S) OF PLAN(S):
NAME(S) / ADDRESS(ES) OF PLAN ADMINISTRATOR(S):

POLICY AND/OR GROUP NUMBER(S):
DESCRIPTION OF TYPE OF COVERAGE TO BE PROVIDED:

PLEASE COMPLETE BOTH SIDES OF THIS FORM. FORM MAY NOT BE ACCEPTED IF NOT COMPLETED IN FULL AND LEGIBLY TYPED OR WRITTEN.

COURT OF COMMON PLEAS
_____ COUNTY, OHIO

Plaintiff/Petitioner

v./and

Defendant/Petitioner

Case No. _____

Judge _____

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 children of the relationship. **If more space is needed, add additional pages.**

HEALTH INSURANCE AFFIDAVIT

Affidavit of _____
(Print Your Name)

Mother

Father

Are your child(ren) currently enrolled in a low-income government-assisted health care program (Healthy Start/Medicaid)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you 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
Are you 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 you are not enrolled, do you 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 child(ren)'s home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Mother

Father

Under the available insurance, what would be the annual premium for a plan covering you and the child(ren) of this relationship (not including a spouse)?

\$ _____

\$ _____

Under the available insurance, what would be the annual premium for a plan covering you alone (not including children or spouse)?

\$ _____

\$ _____

If you are enrolled in a health insurance plan through a group (employer or other organization) or individual insurance plan, which of the following people is/are covered:

Yourself?

Yes No

Yes No

Your spouse?

Yes No

Yes No

Minor child(ren) of this relationship?

Yes No

Yes No

Number _____

Number _____

Other individuals?

Yes No

Yes No

Number _____

Number _____

Name of group (employer or organization) that provides health insurance

Address

Phone number

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: _____

DR617
Eff. 1/06

**IN THE COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS
BUTLER COUNTY, OHIO**

Plaintiff/First Petitioner

JUDGE _____

-vs-

CASE NO.: _____

Defendant/Second Petitioner

HEALTH INSURANCE INFORMATION FORM

(PRIMARY INSURANCE)

NAME OF PERSON PROVIDING INSURANCE: _____

HE/SHE IS: _____ OBLIGOR _____ OBLIGOR'S SPOUSE
 _____ OBLIGEE _____ OBLIGEE'S SPOUSE
 _____ OTHER (Explain) _____

NAME OF INSURANCE COMPANY: _____

ADDRESS: _____

POLICY EFFECTIVE DATE: _____ GROUP PLAN _____ PRIVATE PLAN _____

POLICY NUMBER: _____

GROUP NUMBER: _____

EMPLOYER: _____

EMPLOYER ADDRESS: _____

EMPLOYER PHONE: _____

(SECONDARY INSURANCE)

NAME OF PERSON PROVIDING INSURANCE: _____

HE/SHE IS: _____ OBLIGOR _____ OBLIGOR'S SPOUSE
 _____ OBLIGEE _____ OBLIGEE'S SPOUSE
 _____ OTHER (Explain) _____

NAME OF INSURANCE COMPANY: _____

ADDRESS: _____

POLICY EFFECTIVE DATE: _____ GROUP PLAN _____ PRIVATE PLAN _____

POLICY NUMBER: _____

GROUP NUMBER: _____

EMPLOYER: _____

EMPLOYER ADDRESS: _____

EMPLOYER PHONE: _____

THE FIRST \$100 PER CHILD PER YEAR OF MEDICAL EXPENSES WHICH ARE NOT COVERED BY INSURANCE SHALL BE PAID BY _____. ANY ADDITIONAL EXPENSES NOT COVERED BY INSURANCE SHALL BE PAID _____ % BY OBLIGOR AND _____ % BY OBLIGEE.

ATTACH COPY OF FRONT AND BACK OF INSURANCE CARD

**COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS
BUTLER COUNTY, OHIO**

Plaintiff/Petitioner		Case No.	
v./and		Judge	
Defendant/Petitioner/Respondent		Magistrate	

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, including Dissolutions, Divorces and Domestic Violence Petitions. 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 Your Name)

Check and complete ALL THAT APPLY:

1. I request that the court not disclose my current address or that of the child(ren). 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:

Insert the information requested below for all minor or dependent children of this marriage. 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"/> Male <input type="checkbox"/> Female	
	<u>Period of Residence</u>	<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name & address)
	<u>Relationship</u>		
	to present	<input type="checkbox"/> Address Confidential?	_____
	_____ to _____	<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</u> (name & address)	<u>Relationship</u>
_____ to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<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</u> (name & address)	<u>Relationship</u>
_____ to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<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 case(s):

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.

<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.

<p>a. Name/Address of Person</p> <p><input type="checkbox"/> Has physical custody</p> <p>Name of each child:</p> <p>_____</p>	<p>_____</p> <p><input type="checkbox"/> Claims custody rights</p> <p>_____</p>	<p>_____</p> <p><input type="checkbox"/> Claims visitation rights</p> <p>_____</p>
<p>b. Name/Address of Person</p> <p><input type="checkbox"/> Has physical custody</p> <p>Name of each child:</p> <p>_____</p>	<p>_____</p> <p><input type="checkbox"/> Claims custody rights</p> <p>_____</p>	<p>_____</p> <p><input type="checkbox"/> Claims visitation rights</p> <p>_____</p>
<p>c. Name/Address of Person</p> <p><input type="checkbox"/> Has physical custody</p> <p>Name of each child:</p> <p>_____</p>	<p>_____</p> <p><input type="checkbox"/> Claims custody rights</p> <p>_____</p>	<p>_____</p> <p><input type="checkbox"/> Claims visitation rights</p> <p>_____</p>

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: _____

MANDATORY PARENT EDUCATION CLASS **for parties divorcing with children**

ABOUT THE COURSE: The “Helping Children Succeed After Divorce” program is a 4-hour Parent Education course which is presented by Forensic and Mental Health Services, Inc. and sponsored by the Butler County Domestic Relations Court. The program is divided into two, 2-hour classes. Completion of the entire course is mandatory for all parents who seek divorce or dissolution in Butler County. Spouses are not permitted to attend the same class.

The course is designed to help participants understand the impact of the divorce experience. Part 1 looks at the divorce experience from the adult/parent point of view. This includes the decision to divorce, the stages of the divorce process, the emotions of divorce, and the psychological tasks of divorce for adults. Part 2 focuses on talking to children about divorce, how children of different age groups typically respond to the losses, and when and where to go to get help for your children. Other topics covered include dealing with changing roles, overcoming roadblocks to cooperative parenting, and effective communication skills. Lecture, group discussion, video, and over-head transparencies will all be used during the course.

PROGRAM ENROLLMENT: The DR628 form is the notice requiring parties with children to attend Parent Education Class upon filing a complaint for divorce or dissolution with the Clerk of Courts. Both parties are to attend the course and register for the course **within 15 days** of the receipt of the notice.

To schedule a Parent Education class contact **Karen Evans (513) 867-5866, ext. 100** at the Forensic and Mental Health Services, Inc. **PARTICIPANTS MUST HAVE THEIR DR CASE NUMBER TO SCHEDULE THE CLASS.** Participants will be provided with the date, time and location of the class or classes they will be attending. They will receive by mail a confirmation with directions to the scheduled class. Their name, case number and scheduled dates/times will be forwarded to Butler County Domestic Relations Court. Participants will be required to sign in at both sessions to verify attendance. Upon successful completion of the course, participants will be awarded a Certificate of Completion. Additionally, a copy of the certificate will be forwarded to the Court for verification purposes.

TIMES AND LOCATIONS OF CLASSES: The course is a four (4) hour class divided into two, 2 -hour sessions. You must attend both parts, and you must attend Part 1 before you attend Part 2. Sessions are held as follows:

PART 1 AND PART 2 – SATURDAY’S FROM 9:00 AM TO 1:15 PM OR TWO EVENING CLASSES TUESDAYS 6:00 – 8:00PM AND THURSDAYS 6:00 – 8:00PM

Participants may attend either time for parts 1 and 2, as long as Part 1 is completed first. **BOTH PARTS** are to be completed within a two-week period. All classes are held at the Forensic and Mental Health Services, Inc., office building, 851 Walnut Street, Hamilton, Ohio, except for the second Saturday of each month when the class is held at Miami University Campus, 4200 N. University Blvd., Middletown, Ohio. For participant’s convenience, a detailed map with directions can be viewed on the Domestic Relations Court website at www.butlercountyohio.org/drcourt.

INCLEMENT WEATHER: If the weather should become hazardous, due to snow, ice, etc., please tune to **CHANNEL 12 WKRC TV** television stations to learn if class has been cancelled or postponed. If Butler County has been put under a Level 3 Snow Emergency, the class will be rescheduled. Please contact the Forensic and Mental Health Services, Inc. (513) 867-5866 ext. 100 for additional information.

**IN THE COURT OF COMMON PLEAS
DOMESTIC RELATIONS DIVISION
BUTLER COUNTY, OHIO**

CASE NO. _____

Plaintiff/1st Petitioner

Address

City State Zip

Phone Number (daytime only)

**NOTICE OF REQUIREMENT TO
ATTEND MANDATORY
EDUCATION CLASS**

-v-

Defendant/2nd Petitioner

Address

City State Zip

Phone Number (daytime only)

* * * * *

Pursuant to _____ of the Ohio Revised Code and Butler County Local Rule DR 5, both _____ and _____ are required to attend the Mandatory Parent Education Class. Each party shall register for the class within **five (5)** days of the filing of the complaint with the Clerk of Courts. Each party to a divorce action and each party to a dissolution of marriage filing must complete the program within **forty-five (45)** days from the date of this order.

The educational requirements MUST be completed prior to the final hearing. If the class is not completed, the court will not hold the final hearing. The court may also impose other sanctions.

To schedule a Parent Education class contact **Forensic and Mental Health Services, Inc. at (513) 867-5866 ext. 100.** Participants must have their DR case number to schedule the class. Participants will be provided with the date, time and location of the class or classes they will be attending.

**BUTLER COUNTY DOMESTIC RELATIONS COURT
SUPPORT ORDER INFORMATION SHEET**

DEFINITIONS

The **obligee** is the person who receives support. The **obligor** is the person who pays support. The **CSEA** is the Child Support Enforcement Agency. **OCSPC** is Ohio Child Support Payment Central. **ODJFS** is the Ohio Department of Job and Family Services.

PAYMENTS

The Butler County CSEA will accept cash or credit card payments only, at the following location:

**Butler County Child Support Enforcement Agency
Government Services Center
315 High Street - 8th Floor
Hamilton OH 45011**

The Butler County CSEA is open Monday through Friday from 7:00 a.m. to 5:00 p.m., excluding legal holidays. The telephone number of the CSEA is (513) 887-3362 or (800) 542-0806. From Middletown, call (513) 424-5351, extension 3362. The FAX number is (513) 887-3699. For further information, please visit the CSEA web site at <http://www.butlercountyohio.org/csea>.

Visa/MasterCard/ATM/Cash payments may be made locally in person only. Do not send cash by mail. **Personal checks will not be accepted by the Butler County CSEA.**

Payments may also be sent to Ohio Child Support Payment Central (OCSPC) as follows:

Obligor:	Employer:
Ohio Child Support Payment Central	Ohio Child Support Payment Central
P.O. Box 182372	P.O. Box 182394
Columbus OH 43218	Columbus OH 43218

Acceptable methods of payment by mail to OCSPC are as follows:

- | | |
|--------------------|-------------------|
| 1. certified check | 2. money order |
| 3. cashier's check | 4. personal check |

Please include the obligee's name, court order number, and SETS case number. All checks or money orders are to be made payable to Ohio Child Support Payment Central.

Ohio Child Support Payment Central is not accepting credit card payments at this time. **Personal checks are accepted by OCSPC.**

PAYMENTS OF SUPPORT NOT MADE THROUGH THE CSEA OR OCSPC MAY NOT BE CREDITED TO YOUR ACCOUNT. DO NOT PAY SUPPORT DIRECTLY TO THE OBLIGEE.

SUPPORT DEDUCTION ORDERS

If the Court issues an order so that support will be deducted from your wages, bank account, unemployment benefits, workers= compensation benefits, or other sources of income, **you shall pay the CSEA or directly until the deduction order goes into effect.** It usually takes 2 to 4 weeks for a deduction order to begin working. Failure to make these payments yourself is a separate contempt of court.

PROCESSING CHARGE

The Court has ordered that a service charge equal to 2% of the support order be paid by the obligor with each payment. The Ohio Department of Job and Family Services (ODJFS) and CSEA deduct this service charge from the payments they receive. This processing charge is used by the ODJFS/CSEA to defray the costs of processing payments.

PROCESSING PAYMENTS

As soon as the CSEA or OCSPC receives a payment, it is processed and mailed the next business day. **Checks can not be picked up.**

OHIO WORKS FIRST (OWF) RECIPIENTS

If the obligee receives Ohio Works First (OWF) payments, all support is assigned to the State of Ohio to offset the cost of the OWF program.

CHANGE OF ADDRESS

Both the obligor and the obligee must keep the CSEA informed of their current addresses. This will help avoid delays in processing payments and sending notices.

CHANGE OF EMPLOYMENT

The obligor must keep the CSEA informed of any change in employment. If you are unemployed and have been placed under a seek work order, you shall report any new employment immediately to the CSEA so that a wage deduction order can be issued.

CONTEMPT

Failure to pay the support payments ordered by the Court may lead to contempt of court proceedings. As a result of such proceedings, the Court has the power to put an obligor in jail for up to 90 days and to order the payment of fines and costs if the obligor is found not to have followed the terms of the support order.

MODIFICATION OF SUPPORT

Over time, circumstances may change, which will call for a modification of the amount of the original support order. Both the obligor and the obligee have a right to ask the Court to review the circumstances of the parties and to change the amount of the order. In order to change the support order, a motion may be filed with the Court and the Court will set a hearing date. Both parties will have an opportunity at the hearing to present evidence regarding changes

which have taken place since the last court order. In the alternative, either party may contact the CSEA about the administrative procedure for reviewing and adjusting the support order. If both parties agree that the support order should be modified, they should contact the Court Compliance Office on the second floor of the Government Services Center; 315 High Street; Hamilton, Ohio (887-3100) regarding the procedure to be followed.

**IN THE COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS
BUTLER COUNTY, OHIO**

GUIDELINES FOR PARENTS LIVING IN DIFFERENT HOMES

It is often extremely difficult for children to spend time with parents who live in different homes. As a parent, you can help your children cope with this situation by following the advice below.

1. **Never say bad things about the other parent in front of your child(ren).** Children believe they are made of equal parts of mom and dad. When mom and dad say bad things about each other, a child's self-esteem is harmed.
2. **Do not use your child as a messenger.** Children must not be put into the middle of a dispute by carrying messages between their parents. Find ways to communicate in an adult manner with the other parent without involving your child(ren).
3. **Reassure your child(ren) that they are loved and that your problems with the other parent are not their fault.** Children tend to blame themselves for mom and dad fighting.
4. **Encourage your child(ren) to see the other parent frequently.** Children need quality time with each parent to develop into healthy adults. Mom and dad need to make the exchanges pleasant and positive.
5. **Let your child be a child.** Do not discuss adult issues with your child. At every step during proceedings in Domestic Relations Court, remind yourself that your child(ren)'s interests, not yours, are paramount.
6. **Do not forget to be a parent!** Children often want to take care of mom and dad during difficult times. **Do not let them!** Instead, let peers, adult family members and mental health professionals help aid you in making your own choices about your life.
7. **If you have a drinking or drug problem, get help now!** You cannot care for your child(ren) if you are impaired in your ability to think or act.
8. **If you are ordered to pay child support, pay your child support!** Lack of financial support by a parent has a negative impact on children for their entire lives. Children should not be punished due to a dispute between the parents.

9. **If you are supposed to receive child support and the other parent is not paying, talk to the other parent, the CSEA, the court or your family, but not to your child(ren).** This is hard to do! However, if you tell your child(ren), you are reinforcing their sense of loss and abandonment, which erodes their confidence and stability.
10. **Do not uproot your child(ren), if possible.** Stability in residence, school life and friends help children get through stressful times.
11. **See your child(ren)!** Do not blame your child(ren) for your problems or punish them by not seeing them regularly. Frequent and consistent contact between parent and child is crucial for maintaining strong relationships.
12. **Domestic Relations Court cases are both legal and emotional..** Remember, your child has rights, too. Let children be children.

BUTLER COUNTY DOMESTIC RELATIONS COURT GUIDELINES FOR PARENTING TIME (FORMERLY KNOWN AS VISITATION)

Children clearly profit by continued meaningful exposure to both parents. Children need the continuing and regular involvement of both parents to feel loved. No specific schedule will satisfy the change in needs of both children and parents over the years. Critical to the success of any schedule is that each parent be flexible to the changing needs of a child.

Please remember, companionship is a dual right. It involves each parent's right to share in the life of the child, and the child's right to know both parents and to enjoy their companionship. If both parents remember the child's interests, parenting time will be happier and more beneficial for all.

If a child indicates a strong opposition to being with the non-residential parent, it shall be the responsibility of both parents to appropriately deal with the situation by calmly discussing with the child his or her reasons, and to work together to alleviate these misgivings without confrontation or argument. It is the absolute affirmative duty of each parent to foster an environment which avoids such problems, and to make certain that the children enjoy companionship with both parents.

If there is a willful denial of companionship by either parent, the court may make a finding of contempt, and order appropriate sanctions, which may include incarceration, fine, and attorney fees. Further, a parent's interference with the parenting time of the other parent may be considered a change of circumstances allowing the court to modify the allocation of parental rights and responsibilities.

It is recognized that each situation and each child is different, and it is preferred that parents tailor the parenting schedule to meet the specific needs of their children. In the event they cannot, the court has established the following minimum standard guidelines for parenting time. In all cases in which the parties incorporate these guidelines into a shared parenting plan, the person who is not designated the legal custodian for school purposes shall have the same parenting time schedule as the non-residential parent, as set out below:

Parenting time between non-residential parents and children should not be less than:

- 1. Alternate weekends beginning Friday at 6:00 p.m. and ending Sunday at 6:00 p.m.**
- 2. On weeks when there is no weekend parenting time, Monday from 5:00 p.m. to 8:00 p.m.**
- 3. Holidays:**

In odd-numbered years the Mother will have the child(ren) on:

Spring Break: The child(ren)'s school schedule shall define the parenting time. If the child(ren) are not of school age, the public school schedule in the district where the residential parent for school purposes resides shall control. Parenting time should be from 5:00 p.m. on the last day of school prior to the Spring Break until 5:00 p.m. on the day before school resumes (or would resume if the children were of school age.) If Easter falls within Spring Break, it will be considered part of the break. If Easter does not fall within Spring Break, it will be celebrated according to the normal weekend rotation.

July 4th from 9:00 a.m. to 11:00 p.m.

Thanksgiving: The child(ren)'s school schedule shall define the parenting time. If the child(ren) are not of school age, then the public school schedule where the residential parent for school purposes resides shall control. Parenting time should be from 5:00 p.m. on the last day of school prior to the Thanksgiving break until 5:00 p.m. on the day before school resumes (or would resume if the children were of school age.)

Christmas Day. If a parent's holiday parenting time is Christmas Day, then that parent will also have the five full days following Christmas Day, i.e., from December 24 at 10:00 p.m. until December 30 at 6:00 p.m.

In odd-numbered years the Father will have the child(ren) on:

Memorial Day from 9:00 a.m. to 7:00 p.m.

Labor Day from 9:00 a.m. to 7:00 p.m.

Christmas Eve. If a parent's holiday parenting time is Christmas Eve, then that parent will also have the five full days preceding Christmas Eve, i.e., from December 19 at 9:00 a.m. until December 24 at 10:00 p.m. If school is still in session, that parent is responsible for transporting the child(ren) to and from school.

In the even-numbered years the above schedule will be reversed.

Mother's Day will be spent with the mother from 9:00 a.m. to 7:00 p.m.

Father's Day will be spent with the father from 9:00 a.m. to 7:00 p.m.

4. Child(ren)'s birthdays:

In odd-numbered years the Mother will have the child(ren) on their birthday(s).

In even-numbered years the Father will have the child(ren) on their birthday(s).

If a child's birthday falls on a school day, the parenting time shall take place after school until 8:00 p.m. During non-school time, birthday parenting time shall be from 9:00 a.m. to 7:00 p.m.

5. Vacations:

Each parent should have extended parenting time with the child(ren) for a period of four weeks during the summer, if the child(ren) are of school age. If the child(ren) are not of school age, the four-week vacation period may be scheduled at any time during the year. No more than two of the four weeks may be taken consecutively, unless otherwise agreed by the parents. *Neither parent may schedule vacation parenting time which conflicts with the other parent's holiday or birthday parenting time.*

Each parent must give the other parent not less than 60 days prior written notice of the dates he/she intends to exercise parenting vacation time. When vacation notices conflict, the first notice received prevails.

6. Telephone contact:

Each parent is entitled to reasonable (no more than once a day) phone contact with the child(ren) when the child(ren) are with the other parent for more than 24 hours.

Both parents shall provide each other with their address and phone number. If parents remove the child(ren) from their residence overnight for holiday/vacation parenting time or any other purpose, the parents shall provide each other with an emergency telephone number where the child(ren) can be reached.

7. General rules regarding parenting time:

Parenting time which cannot take place because of serious illness of the child(ren) will be made up at the same time the following week.

The child(ren) and/or parent have no duty to await the other parent for more than thirty (30) minutes of the start of any parenting time. A parent late more than thirty (30) minutes shall forfeit the parenting time.

When the holiday parenting time of a parent falls on a Monday following that parent's regular weekend parenting time, then the parenting time will be continuous, i.e., the child(ren) will stay overnight on Sunday and return to the other parent on Monday at 7:00 p.m.

When a conflict occurs between the holiday parenting time and the alternate weekend/Monday parenting time, the holiday parenting time will take precedence.

8. Exchange of child(ren)'s clothing/personal property:

Neither parent shall restrict the child(ren) from taking those personal items which facilitate personal comfort and enjoyment to the home of the other parent.

9. Moving:

NEITHER PARENT SHALL PERMANENTLY REMOVE THE CHILD(REN) FROM THE JURISDICTION OF THIS COURT WITHOUT FIRST FILING A NOTICE OF RELOCATION. THIS NOTICE MUST BE SERVED ON THE NON-MOVING PARTY IN ACCORDANCE WITH RULE DR 36.

If either party feels the standard visitation schedule cannot be complied with due to the particular circumstances of the parties, said party may file an appropriate motion for relief.

**APPLICATION FOR CHILD SUPPORT SERVICES
NON-PUBLIC ASSISTANCE APPLICANT**

IMPORTANT: If you are receiving ADC or Medicaid, do **not** complete this application, because you became eligible for child support services when you became eligible to receive ADC or Medicaid.

I the undersigned, NAME, request Child Support Services from the COUNTY County Child Support Enforcement Agency. I understand and agree to the following conditions:

- A. I am a resident of the County in which services are requested.
- B. Recipients of child support services shall cooperate to the best of their ability with the CSEA. *(See attached rights and responsibility information).*

The Child Support Enforcement Agency can assist you in providing the following services:

1. Location of Absent Parents.
The agency can assist in finding where an absent parent is currently living, in what city, town or state. The applicant can request "Location Services Only", if the sole need is to find the whereabouts of the absent parent.
2. Establishment or Modification of Child Support and Medical Support.
The CSEA can assist you to obtain an order for support if you are separated, have been deserted or need to establish paternity (*fatherhood*). The CSEA can also assist you in changing the amount of support orders (*modification*), and to establish a medical support order.
3. Enforcement of Existing Orders.
The CSEA can help you collect current and back child support
4. Federal and State Income Tax Refund Offset Submittals for the Collection of Child Support Arrearages.
The agency can assist in collecting back support (*arrearages*) by intercepting a non-payor's federal and state income tax refunds on some cases.
5. Withholding of Wages and Unearned Income for the Payment of Court Ordered Support.
The agency can help you get payroll deductions for current and back child support and can intercept unemployment compensation to collect child support.
6. Establishment of Paternity.
The agency can obtain a order for the establishment of paternity (*fatherhood*), if you were not married to the father of the child. An absent parent may request paternity services.
7. Collection and Disbursement of Payments.
The CSEA can collect the child support for you, and send you a check for the amount of the payments received. Back support collected will be paid to you until all of the back support you are owed is paid.
If you received ADC in the past and support was assigned to the state, back support collected will be paid to the state after you receive back support owed to you.
8. Interstate Collection of Child Support.
The agency can assist you in collecting support if the payor is living in another state or in some foreign countries.
9. The only fee you can be charged for services is a one dollar application fee. Some counties pay this fee for the applicants.
10. In providing IV-D services, the CSEA and any of its contracted agents (e.g., prosecutors, attorneys, hearing officers, etc.) represent the best interest of the children of the state of Ohio and do not represent and IV-D recipient or the IV-D recipient's personal interest.

APPLICANT INFORMATION (INFORMATION ABOUT YOU)	
Name	Date of Birth
Social Security Number (SSN)	Current Marital Status (Check One) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Deserted <input type="checkbox"/> Widowed

Type(s) of Service(s) Requested: All services listed _____ Location of absent parent only
 Other (pleas explain) _____

I understand that the Child Support Agency-within 20 days of receiving this application will contact me by a written notice to inform me if my case has been accepted for child support services (IV-D Services).

Signature of Applicant	Date
Applicants Name (Last, First, Middle)	Telephone Number (Home)
Address (Street/Route, P.O. Box)	(Work)
City, State, and Zip Code	

INFORMATION ON CHILDREN

	Child 1	Child 2	Child 3	Child 4
a. Name				
b. Sex				
c. SSN				
d. Date of Birth (DOB)				
e. Name(s) of Absent Parent				
f. Has Paternity (Fatherhood) Been Established?				
g. Is There An Order For Support (Yes or No)				

ABSENT PARENT INFORMATION OR PARENT ORDERED TO PAY CHILD SUPPORT

	Absent Parent #1	Absent Parent #2	Absent Parent #3
Name			
Address City, State, Zip Code			
SSN			
Date of Birth (DOB)			
Name of Employer			
Address of employer (City, State, Zip Code)			
Amount of Support Ordered (Wk, Bi-Wk, Mo)			
Case Number on Support Order			
Date of Support Order			
Location Where Order Was Issued (City, County, State)			
Military Service Give Date and Branch Entered			
Arrest Record: Give Date and Place of Arrest			
If the absent parent has been on Public Assistance: Give Date and Place			
Give Name and Address of Current Spouse of Absent Parent			

* Have you ever been on public assistance? Yes No
 When _____ Where _____
 Date City and State County

FOR AGENCY USE ONLY		
Case Name	Date Requested	Date Mailed or Provided
Case Number	Date Returned or File Date	