In The Court of Common Pleas, Lucas County, Ohio
Juvenile Division

Case Number: _____

IN THE MATTER OF:

THIRD PARTY MOTION FOR CHANGE OF CUSTODY

1._____
Child's Name

_____
DOB Last 4 Digits of SS #

2._____
Child's Name

_____
DOB Last 4 Digits of SS #

3._____
Child's Name

_____
DOB Last 4 Digits of SS #

4._____
Child's Name

_____
DOB Last 4 Digits of SS #

Instructions: This form is to be used by a Third Party requesting a change of custody. A Motion to Intervene, Personal Identifier sheet, Civil Case Questionnaire, UCCJEA Affidavit, Certificate of Service and IV-D Application MUST be filed with this Motion.

_____
Name - Petitioner #1

_____
Date of Birth Last 4 Digits of SS #

Address: _____

_____

Phone: _____

_____
Name - Petitioner #2 ***(if applicable)***

_____
Date of Birth Last 4 Digits of SS #

Address: _____

_____

Phone: _____

_____
Mother's Name

_____
Date of Birth Last 4 Digits of SS #

Address: _____

_____

Phone: _____

_____
Father's Name

_____
Date of Birth Last 4 Digits of SS #

Address: _____

_____

Phone: _____

Now comes the Petitioner(s) (*insert name(s)*), _____, and ask(s) this Court to change the custody of the above-named minor child(ren).

My relationship to minor child(ren) is:

☐ Maternal Grandparent ☐ Paternal Grandparent ☐ Aunt / Uncle
☐ Brother / Sister ☐ Person not related by blood

The minor child(ren) are in the ☐ custody ☐ possession of: _____.

The minor child(ren)'s school district is:_____.

Lucas County Children Services board ☐ ***has*** ☐ ***has not*** been involved with the minor child(ren).

The reason(s) for this request are: _____
_____
_____
_____
_____
_____

Petitioner(s) believes it would be in the best interest of the minor child(ren) to award custody of the minor child(ren) to the Petitioner(s).

_____
Petitioner's Signature Date

_____
Petitioner's Signature Date

CERTIFICATE OF SERVICE

TO THE CLERK: I certify that I have served a copy of the foregoing Motion upon the following persons at the following addresses by regular mail:

Name: _____
Address: _____
_____
Phone: _____

Name: _____
Address: _____
_____
Phone: _____

Name: _____
Address: _____
_____
Phone: _____

Name: _____
Address: _____
_____
Phone: _____

Name: _____
Address: _____
_____
Phone: _____

Name: _____
Address: _____
_____
Phone: _____

_____
Petitioner's Signature Date

_____
Petitioner's Signature Date

In The Court of Common Pleas, Lucas County, Ohio
Juvenile Division

Case Number: _____

IN THE MATTER OF:

MOTION TO INTERVENE

1._____
Child's Name

_____
DOB Last 4 Digits of SS #

2._____
Child's Name

_____
DOB Last 4 Digits of SS #

3._____
Child's Name

_____
DOB Last 4 Digits of SS #

4._____
Child's Name

_____
DOB Last 4 Digits of SS #

Instructions: This form is to be used by a person requesting to intervene and become a party to an open Juvenile Court case. This form should accompany another filing (i.e., Motion for Legal Custody).

_____
Name - Petitioner #1

_____
Date of Birth Last 4 Digits of SS #

Address: _____

_____

Phone: _____

_____
Name - Petitioner #2 ***(if applicable)***

_____
Date of Birth Last 4 Digits of SS #

Address: _____

_____

Phone: _____

_____
Mother's Name

_____
Date of Birth Last 4 Digits of SS #

Address: _____

_____

Phone: _____

_____
Father's Name

_____
Date of Birth Last 4 Digits of SS #

Address: _____

_____

Phone: _____

Now comes the Petitioner(s) (*insert name(s)*), _____, and asks this Court for leave to intervene as a party in the above-captioned case.

The reason(s) for this request are: _____
_____
_____
_____
_____
_____

Petitioner(s) believe(s) it would be in the best interest of the minor child(ren) to allow Petitioner(s) to intervene as a party in the above-captioned case.

_____
Petitioner's Signature Date

_____
Petitioner's Signature Date

CERTIFICATE OF SERVICE

TO THE CLERK: I certify that I have served a copy of the foregoing Motion upon the following persons at the following addresses by regular mail:

Name: _____
Address: _____
_____
Phone: _____

Name: _____
Address: _____
_____
Phone: _____

Name: _____
Address: _____
_____
Phone: _____

Name: _____
Address: _____
_____
Phone: _____

Name: _____
Address: _____
_____
Phone: _____

Name: _____
Address: _____
_____
Phone: _____

_____
Petitioner's Signature Date

_____
Petitioner's Signature Date

In The Court of Common Pleas, Lucas County, Ohio
Juvenile Division

Case Number: _____

PERSONAL IDENTIFIER INFORMATION FORM

1._____
Child's Full Name
_____
DOB Last 4 Digits of SS #

2._____
Child's Full Name
_____
DOB Last 4 Digits of SS #

3._____
Child's Full Name
_____
DOB Last 4 Digits of SS #

4._____
Child's Full Name
_____
DOB Last 4 Digits of SS #

5._____
Child's Full Name
_____
DOB Last 4 Digits of SS #

6._____
Child's Full Name
_____
DOB Last 4 Digits of SS #

Notice: Effective July 1, 2009, documents filed in, or submitted to this Court **SHOULD NOT** contain "PERSONAL IDENTIFIERS".

THE FOLLOWING INFORMATION WILL BE MAINTAINED SEPARATELY FROM THE CASE FILE DOCUMENTS.

1. **CHILD PROTECTION CASES**
   A child's name in an Abuse, Neglect or Dependency case is confidential. The child's actual identity will be referenced ON THIS FORM ONLY. Please indicate below how each child listed above will be identified on pleadings. Use only initials, a generic abbreviation or "child" (i.e., John Smith Jr. could be JS Jr., or Child 1, Child 2, etc.)

   Child 1 Named Above Identifier _____ Child 2 Named Above Identifier _____
   Child 3 Named Above Identifier _____ Child 4 Named Above Identifier _____
   Child 5 Named Above Identifier _____ Child 6 Named Above Identifier _____

2. **ALL OTHER CASE TYPES**
   Full Social Security Numbers (except for the last 4 digits), Phone Numbers and Email Addresses are considered confidential. This information should NOT be shown on pleadings and should be recorded below ON THIS FORM ONLY.

   1. Party Name: _____ Cell Phone #: _____
   Last 4 Digits of SS #: _____ Cell Phone Carrier*: _____
   Home Phone #: _____ Email Address: _____

   2. Party Name: _____ Cell Phone #: _____
   Last 4 Digits of SS #: _____ Cell Phone Carrier*: _____
   Home Phone #: _____ Email Address: _____

   3. Party Name: _____ Cell Phone #: _____
   Last 4 Digits of SS #: _____ Cell Phone Carrier*: _____
   Home Phone #: _____ Email Address: _____

   4. Party Name: _____ Cell Phone #: _____
   Last 4 Digits of SS #: _____ Cell Phone Carrier*: _____
   Home Phone #: _____ Email Address: _____

3. **If DOMESTIC VIOLENCE is indicated, the Victim's Address, Phone Numbers and Email Address should NOT be included on pleadings, record this information below ON THIS FORM ONLY.**

   Victim's Name: _____ Cell Phone #: _____
   Address: _____ Cell Phone Carrier*: _____
   _____ Email Address: _____
   Home Phone #: _____

* Please provide the name of the company you receive cell phone service through (i.e., Verizon, T-Mobile, AT&T, etc.)

Civil Case Questionnaire

Case #: _____

The Petitioner states the following is true and accurate to the best of his/her knowledge and belief:

1) Has any party been charged with, convicted of, or plead guilty to domestic violence? ☐ YES ☐ NO

2) Has any party been charged with, convicted of, or plead guilty to an offense, where a member of the family or household was physically harmed? ☐ YES ☐ NO

3) Is there currently a Protection Order in place involving any of the parties to this action? (*if yes, include name below*) ☐ YES ☐ NO

   Name of Protected Persons: _____

4) Are there issues that you and the other party agree on? ☐ YES ☐ NO

5) Does the child(ren) have physical, emotional or educational disabilities? ☐ YES ☐ NO

6) Does any party have physical disabilities or mental health challenges? ☐ YES ☐ NO

7) Has any party stopped you, or prevented you from seeing the child(ren) on this case? ☐ YES ☐ NO

8) Does drug or alcohol use prevent a party from keeping a child on this case safe? ☐ YES ☐ NO

9) Do you believe a child on this case has been physically or emotionally abused? ☐ YES ☐ NO

10) Are you, or the other party, trying to move residences? ☐ YES ☐ NO

11) Have any of the parties been involved with Lucas County Children Services? ☐ YES ☐ NO

12) Has any party been charge, convicted or, or plead to child endangerment? ☐ YES ☐ NO

    (*If yes, include name and relationship to child*)

    Endangered Child: _____

    Relationship: _____

_____
Petitioner's Signature

PRAECIPE:

TO THE CLERK: Please serve a copy of the foregoing upon the Respondent(s) by personal service, or certified mail.

In The Court of Common Pleas, Lucas County, Ohio
Juvenile Division

Case Number: _____

IN THE MATTER OF:

DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)
Affidavit Per ORC§ 3127.23(A)

_____ Petitioner's Name	_____ Respondent's Name
_____ DOB Last 4 Digits of SS #	_____ DOB Last 4 Digits of SS #
_____ Street Address	_____ Street Address
_____ City, State, Zip	_____ City, State, Zip

Instructions: By law, this Affidavit must be filed and served with any Complaint, Petition or Motion regarding allocation of parental rights and responsibilities, parenting time, custody or visitation. Each party has a continuing duty while the 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.

Affidavit of: _____ *(print full legal 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 ORC§ 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 (5)** years.

a. **Child's Name:**	**Place of Birth:**	**Date of Birth:**	**Sex:** ☐M ☐F

Date of Residence	**Address Confidential**	**Person Child Lived With (Name & Address)**	**Relationship to Child**
To **Present**	☐Yes ☐No		
To	☐Yes ☐No		
To	☐Yes ☐No		

b. **Child's Name:**	**Place of Birth:**	**Date of Birth:**	**Sex:** ☐M ☐F

☐ Check this box if the information below is the same as entered for the child in Section (a) above.

Date of Residence	**Address Confidential**	**Person Child Lived With (Name & Address)**	**Relationship to Child**
To **Present**	☐Yes ☐No		
To	☐Yes ☐No		
To	☐Yes ☐No		

c. **Child's Name:**	**Place of Birth:**	**Date of Birth:**	**Sex:** ☐M ☐F

☐ Check this box if the information below is the same as entered for the child in Section (a) above.

Date of Residence	**Address Confidential**	**Person Child Lived With (Name & Address)**	**Relationship to Child**
To **Present**	☐Yes ☐No		
To	☐Yes ☐No		
To	☐Yes ☐No		

d. **Child's Name:**	**Place of Birth:**	**Date of Birth:**	**Sex:** ☐M ☐F

☐ Check this box if the information below is the same as entered for the child in Section (a) above.

Date of Residence	**Address Confidential**	**Person Child Lived With (Name & Address)**	**Relationship to Child**
To **Present**	☐Yes ☐No		
To	☐Yes ☐No		
To	☐Yes ☐No		

☐ Additional children are listed on **Attachment A** (Provide requested information for additional children on an attachment)

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 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 or visitation (parenting time) with any child subject to this case.
Explain: _____
_____
Name of **each** child: _____
Type of Case: _____
Court & State: _____
Date of 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 any child subject to this case other than set out in item #2.
Explain: _____
_____
Name of **each** child: _____
Type of Case: _____
Court & State: _____
Date of 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 ORC§ 2919.25; any sexually oriented offense as defined in ORC§ 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: _____

6. I understand that I have a continuing duty to advise this Court of any custody, visitation, parenting time, divorce, dissolution of marriage, separation, neglect, abuse, dependency, guardianship, parentage, termination of parental rights, or protection order from domestic violence case concerning the children about whom information is obtained during this case.

OATH OR AFFIRMATION

(Do NOT sign until a Notary Public is present)

I, _____, swear or affirm that I have read this Affidavit and, to the best of my knowledge and belief, the facts and information stated in this Affidavit are true, accurate, and completed. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

_____
Affiant's Signature

Sworn to, or affirmed, before me by _____ this _____ day of _____.

(Affix Seal Here)

_____
Signature of Notary Public

Lucas County CSEA

701 Adams Street

Toledo, OH 43604

(419) 213-3001

APPLICATION FOR CHILD SUPPORT SERVICES
NON-PUBLIC ASSISTANCE APPLICANT/RECIPIENT

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

I, _____, request child support services from the _____CSEA (Child support Enforcement Agency). I understand and agree to the following:

A. I am a resident of the county in which services are requested and no other Ohio county has jurisdiction over support – OR – I am requesting services from the Ohio county of jurisdiction.

B. The only fee that can be charged for services is a one dollar application fee. Some counties pay this fee for the applicants.

C. Recipients of child support services shall cooperate to the best of their ability with the CSEA. (See attached rights and responsibility information).

D. 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 any IV-D recipient of the IV-D recipient's personal interest.

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 Only Services', if the sole need is to find the whereabouts of the absent parent.

2. **Establishment or Adjustment 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 (adjustment), and to establish a medical support order.

3. **Enforcement of Existing Orders.**
   The CSEA can help you collect current and past-due child support.

4. **Federal and State Income Tax Refund Offset Submittals for the Collection of Child Support Arrearages.**
   The agency can collect past-due support (arrearages) by intercepting a payor's federal and state income tax refunds in 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 past-due child support and can intercept unemployment compensation to collect child support.

6. **Establishment of Paternity.**
   The agency can obtain an 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. Past-due support collected will be paid to you until all of the past-due support you are owed is paid.

8. **Interstate Collection of Child Support.**
   The agency can assist you in collection support if the payor is living in another state or in some foreign countries.

APPLICANT INFORMATION

Name: _____ Date of Birth: _____

Home Address: _____ Mailing Address: _____

_____ _____

_____ _____

Home Phone #: _____

Social Security #: _____ Sex: _____

Race: _____ ☐ Single ☐ Married

Relationship to Children: _____ ☐ Divorced ☐ Separated

Military Service _____ Ever Been on Public Assistance? _____

(Branch, Dates): _____ (When and Where) _____

_____ _____

_____ _____

EMPLOYER INFORMATION

Employer Name: _____ Employer Phone #: _____

Employer Address: _____ Is Medical Insurance Available? _____

_____ _____

_____ _____

	CHILD 1	CHILD 2	CHILD 3
Name:			
Sex:			
Race:			
Social Security #:			
Date of Birth:			
Home Address:			

Location of Birth: (Country, State, City)			
Has Paternity (Fatherhood) been Established?			
Name(s) of Absent Parent(s):			
Is there an Order for Support?			
Is the Child covered by Medical Insurance?			

ABSENT PARENT INFORMATION

	PARENT 1	PARENT 2	PARENT 3
Name (and alias):			
Home Address:			
Mailing Address:			
Social Security #:			
Date of Birth:			
Location of Birth: (Country, State, City)			
Race:			
Sex:			
Height / Weight:			
Hair / Eye Color:			
Identifying Marks (Tattoos, scars, etc.):			
Names of Children:			
Name and Address of Employer:			

Employer Phone #			
Medical Insurance Provided?			
Support Order #:			
Date of Support Order:			
Amount of Support:	$	$	$
Order Frequency:	Per	Per	Per
Location where Order was issued:			
Military Service (Branch, Dates):			
Ever Incarcerated? (Location, Dates):			
Arrest Record (Location, Dates):			
Name, Address Current Spouse:			
Father's Name:			
Mother's Name (Maiden):			
Ever been on Public Assistance? (Location, Dates)			

Type(s) of Service(s) Requested:

- ☐ All Services Listed
- ☐ Location of absent parent only
- ☐ Other (please 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: _____