

**IN THE COMMON PLEAS COURT OF
DARKE COUNTY, OHIO,
JUVENILE DIVISION
CASE# _____**

IN THE MATTER OF:

_____ (CHILD'S ADDRESS)

CHECK WHICH APPLIES:

Complaint/Motion for:

- _____ Custody (O.R.C. 2151.23) (Sup. Ct. Rpt. G)
_____ Visitation (O.R.C. 3109.051) (Sup. Ct. Rpt. G)
_____ Contempt (O.R.C. 2705.02) (Sup. Ct. Rpt. React.)

1. My name and address are:

2. My relationship to the child is: _____

3. Paternity:

_____ has been established because the parents were married at the time of the birth or
_____ has been determined (a copy of the order or acknowledgment is attached).
_____ has not been established

4. My concern/complaint is: _____

5. I am asking the Court to: _____

6. The following people need to be sent a copy of this complaint/motion and notice of hearing:

_____ Name	_____ Name	_____ Name
_____ Street or PO Box #	_____ Street or PO Box #	_____ Street or PO Box #
_____ City, State, Zip Code	_____ City, State, Zip Code	_____ City, State, Zip Code
_____ Relationship to Child	_____ Relationship to Child	_____ Relationship to Child
_____ Signature		_____ Daytime Phone #

Sworn to before me on this _____ day of _____, _____

Deputy Clerk

FINANCIAL AFFIDAVIT AND QUESTIONNAIRE

NAME: _____

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

DATE OF BIRTH: _____ PHONE: (H) _____ (W) _____

Name of Person who pays the support: _____

Name of Adult who receives the support: _____

Names of Children	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

Custody awarded to: _____ Mother _____ Father _____ Joint _____ Other (Explain) _____

Employer Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone Number: _____

Scheduled Paychecks per year:

_____ Weekly (52 paychecks)	_____ Biweekly (26 paychecks)
_____ Semi-Monthly (24 paychecks)	_____ Monthly (12 paychecks)
_____ Other _____	

Annual **Gross** Income from employment (DO NOT INCLUDE OVERTIME AND BONUSES).....\$ _____

Amount of overtime and bonuses (Year 1 representing the most recent year)

Year 3 \$ _____	(3 years ago)
Year 2 \$ _____	(2 years ago)
Year 1 \$ _____	(last calendar year)

Annual income from interest and dividends (Whether or not taxable) \$ _____

Annual income from unemployment compensation \$ _____

Annual income from worker's compensation or disability \$ _____

Insurance benefits

Other annual income (identify) \$ _____

Annual Court ordered support paid for children
Who are NOT part of this case (provide proof) \$ _____

Number of children born to you that are living
With you and are NOT the children of this case \$ _____

Name the children _____

Annual Court ordered alimony paid to a former spouse
(provide proof) \$ _____

Name of former spouse _____

Amount of annual local income tax actually paid
(provide proof) \$ _____

For self-employed individuals, amount of the total of your
Ordinary and necessary business expenses (provide proof) \$ _____

Amount of your annual child care expenses that are work,
Employment training or education related (attach a copy of
"schedule C" from tax returns or notarized statement from
provider) \$ _____

Name of your day care provider _____

Do you currently provide health insurance _____ Yes _____ No

Is health insurance available through your employer _____ Yes _____ No

Is health insurance available through other group plan _____ Yes _____ No

Name of health insurance company (through employment or other)

Address: _____

Phone Number: _____ Policy Number: _____

Employee Cost: \$ _____ Per _____ (provide proof)
(Indicate "0" if available at no cost to party)

Name of children covered by health insurance:

If you do **NOT** have health insurance for the child(ren) of this case, can you provide it?

_____ Yes _____ No

If yes, at what annual cost to you?

\$ _____

Estimate the annual income of the other adult party of this Case

\$ _____

REMINDER – BE SURE TO BRING THE FOLLOWING:

1. A copy of your most recent income tax return.
2. A copy of **ALL** pay stubs obtained in the last 6 months (or it's verification).
3. Verification of all other salaries, wages or compensation received within the last 6 months.
4. Verification of health insurance expenses for the child(ren) of this case.
5. If self-employed, copy of business expenses.
6. **THIS AFFIDAVIT MUST BE NOTARIZED.**

Signature: _____

(Do not sign until in the presence of a notary public)

Sworn before me and signed (or acknowledged) in my presence this _____ day of _____,

_____.

My Commission expires

IN THE COMMON PLEAS COURT OF DARKE COUNTY, OHIO – JUVENILE DIVISION

IN THE MATTER OF: _____
D.O.B. _____

AFFIDAVIT OF JURISDICTION
CASE # _____

I, _____, being first duly sworn, depose and say:

1. That the name and present address of the child, the custody and visitation which is to be determined by this court action is:

Name of child: _____

Present Address: _____

2. The addresses at which the child has lived within the past five (5) years prior to filing this court action are:

3. That the names and addresses of all persons with whom the child has lived prior to filing this court action and dates thereof are:

4. That I (have) (have not) participated as a party, witness, or in any other capacity in any litigation concerning the custody of the child in this or any other state.

5. That I have (no) information of any custody proceeding concerning the child pending in a court of this or any other state.

6. That I have (no) knowledge of any person not a party to the proceedings who has physical custody of the child or claims to have custody or visitation rights with respect to the child.

7. I (have) (have not) been convicted or pleaded guilty to any criminal offense involving any act that resulted in a child being an abused child or a neglected child or previously (have) (have not) been determined, in a case in which a child has been adjudicated an abused child or a neglected child, to be the perpetrator of the abusive or neglectful act that was the basis of the adjudication.

If 4, 5, 6, or 7 is answered in the affirmative, and the space afforded is insufficient for full explanation, please attach and incorporate herein any necessary information.

I realize that I have a continuing duty to inform the court of any custody proceedings concerning the child in this or any other state of which I obtain information during the pendency of this proceeding.

Your signature

Sworn to me and subscribed in my presence this ____ day of _____, _____. (Notary Public, State of Ohio)