

# DARKE COUNTY JUVENILE COURT

JASON R. ASLINGER  
Juvenile Judge

300 GARST AVENUE  
GREENVILLE, OHIO 45331  
Phone (937) 547-7350  
Fax (937) 547-1945  
[www.darkeprobatejuvenile.org](http://www.darkeprobatejuvenile.org)

**MAGISTRATE DAVIS**  
Magistrate

To Whom It May Concern:

Attached to this letter you will find an instruction sheet for Pro-Se Filing which means you will be acting as your own attorney.

The Court encourages the use of attorneys and it would be a good idea to at least have a consultation with one.

If you cannot afford an attorney, do not qualify for court-appointed counsel, or want to use an attorney, you may certainly proceed Pro-Se.

**The Court appoints attorneys on contempt issues only.**

Please read all of the documentation carefully and fill out all appropriate forms correctly. Even if you are not proceeding pro se please fill out the complaint/motion form so the Court has some idea what it is you wish to do.

If you are married this Court generally does not have jurisdiction over your matter and you will need to retain counsel and proceed through Common Pleas Court. This Court does get involved in support and medical expense matters, in married but separated situations and the case is initiated by the Darke County Child Support Enforcement Agency.

If paternity has not been established in your case, the Court will refer your case first to the Darke County Child Support Enforcement Agency to follow the administrative procedure required. The CSEA has a standard letter they present to the Court if you don't have to proceed administratively. You have to ask for the letter and it's necessary to attach it to your paperwork.

Best Wishes,

Jason R. Aslinger  
Darke County Probate/Juvenile Judge

## INSTRUCTION SHEET FOR PRO-SE FILING

1. There are documents in this packet: a complaint/motion, a custody affidavit, and an application for child support services. **ALL** documents must be completed to the best of your ability, except for the case number, and filed with the Juvenile Court Clerks' Office. A case number will be assigned after filing. Failure to complete and file all documents will result in your filing being returned to you with no action being taken.
2. **Type or print** your responses in **black ink**.
3. The filing fee of \$175.00 for the initial filing and \$150.00 for post decree pleadings must be paid when the papers are given to the Clerks' Office.
4. If the parents were not married when the child was born, paternity must be established. If paternity has been established, attach a copy of the order or acknowledgment. If paternity has not been established, indicate that in the space provided on the complaint/motion, and the Court will most probably refer you to Child Support Enforcement for proper proceedings.
5. The complaint/motion shall be set for hearing by the Court. You shall receive a hearing notice in the mail. If your hearing notice is returned undeliverable as addressed and you have not notified the Court of your new address, in writing, the complaint/motion shall be dismissed without further action.
6. If the hearing notice for another party is returned as undeliverable as addressed, you will be contacted for a new address. It is your responsibility to supply a good address in writing to the Court as soon as possible. If you do not do so, and the complaint/motion is not served at the time of the hearing and the other party does not appear at the hearing, the motion/complaint will be dismissed without further action. All complaints/motions shall be served on the parties by certified mail, unless service by sheriff or process server is requested in writing. If you request personal service by the sheriff, additional costs will be assessed. If you want personal service by a process server, it is your responsibility to make those arrangements.
7. If you are unable to supply the address because the other party's location is unknown to you, and cannot be found out with reasonable diligence, service by publication is provided for in Juvenile Rule 16 (A). Because of the technical requirements and cost involved, the Court suggests that you consult with an attorney before pursuing this action.

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)

COURT OF COMMON PLEAS

\_\_\_\_\_ COUNTY, OHIO

\_\_\_\_\_  
Plaintiff/Petitioner

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

v./and

Judge \_\_\_\_\_

Magistrate \_\_\_\_\_

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

**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:  Male  Female

Period of Residence	Check If Confidential	Person(s) With Whom Child Lived (name & address)	Relationship
_____ 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?	_____	_____



# Affidavit 3

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:

# Affidavit 3

- 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 .

Affidavit 3

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: \_\_\_\_\_  
\_\_\_\_\_

Applicant Name: \_\_\_\_\_  
Applicant Address 1: \_\_\_\_\_  
Applicant Address 2: \_\_\_\_\_  
Applicant City, State, Zip: \_\_\_\_\_

**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 Darke County 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 or 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 collecting 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 (Branch, Dates): \_\_\_\_\_

Ever been on Public Assistance? (When and Where) \_\_\_\_\_

**EMPLOYER INFORMATION**

Employer Name: \_\_\_\_\_

Employer Phone #: \_\_\_\_\_

Employer Address \_\_\_\_\_

Is Medical Insurance Available? \_\_\_\_\_

CHILD 1

CHILD 2

CHILD 3

Name:	_____	_____	_____
-------	-------	-------	-------

Sex:	_____	_____	_____
------	-------	-------	-------

Race:	_____	_____	_____
-------	-------	-------	-------

SS #	_____	_____	_____
------	-------	-------	-------

Date of Birth:	_____	_____	_____
----------------	-------	-------	-------

Home Address:	_____	_____	_____
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Location of Birth:			
Has Paternity (Fatherhood) been established?			
Name(s) of Absent Parent:			
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 & Address of Employer:

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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):

--	--	--

Current Spouse:

--	--	--

Father's Name:

--	--	--

Mother's Name (Maiden):

--	--	--

Ever been on Public Assistance? (Location, Dates)

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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: \_\_\_\_\_