

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

In the matter of:

Case Number: _____

Name Date of Birth Last 4 Digits of SS #

Name Date of Birth Last 4 Digits of SS #

Name Date of Birth Last 4 Digits of SS #

Name Date of Birth Last 4 Digits of SS #

**PRO SE MOTION FOR CHANGE OF
CUSTODY/MOTION TO MODIFY THE
ALLOCATION OF PARENTAL RIGHTS AND
PRAECIPE**

Now come(s) the Petitioner(s) _____, last 4 digits of social security number(s) _____, who currently reside at _____, phone number(s) _____ and requests this Court to change the custody of the minor child(ren) named above. Petitioner's relationship to child(ren): Relative Non-Relative. _____ currently has *custody* *possession* of the minor child(ren) and resides in the _____ school district. The reasons for this request are: _____

Petitioner believes it would be in the best interest of the minor child(ren) to award custody of the minor child(ren) to *him/her*.

Lucas County Children Services Board *has* *has not* been involved with the minor child(ren) named above.

WHEREFORE, Petitioner requests that *he/she* be granted custody of _____ by Order of this Court.

_____, being first duly sworn, deposes and states that *he/she* has read the foregoing Complaint and that all of the allegations contained herein are true.

Petitioner's Signature

Petitioner's Signature

Sworn to and subscribed in my presence this _____ day of _____, in the year _____.

Notary Public / Deputy Clerk

PRAECIPE FOR SERVICE

NOTE: YOU WILL NOT BE GIVEN A HEARING DATE UNLESS ALL FORMS ARE FILLED OUT COMPLETELY AND ALL FULL ADDRESSES ARE FURNISHED.

TO THE CLERK: Please serve a copy of the foregoing complaint upon the following persons by:

- Certified Mail
- Personal Service
- Other, Please Specify _____

Mother's Name: _____

Mother's Address: _____

Mother's City, State, Zip Code: _____

Father's Name: _____

Father's Address: _____

Father's City, State, Zip Code: _____

Legal Custodian's Name: _____

Legal Custodian's Address: _____

Legal Custodian's City, State, Zip Code: _____

Petitioner's Signature

Petitioner's Signature

THE PETITIONER STATES THE FOLLOWING IS TRUE AND ACCURATE TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF:

1.) HAS EITHER PARENT BEEN CONVICTED OF, OR PLEAD GUILTY TO DOMESTIC VIOLENCE, WHERE AT THE TIME OF THE DOMESTIC VIOLENCE THE VICTIM WAS A MEMBER OF THE FAMILY OR HOUSEHOLD?

YES NO

2.) HAS EITHER PARENT BEEN CONVICTED OR PLEAD GUILTY TO AN OFFENSE, WHERE DURING THE COMMISSION OF THE OFFENSE PHYSICAL HARM WAS CAUSE TO A MEMBER OF THE FAMILY OR HOUSEHOLD?

YES NO

3.) HAS EITHER PARENT BEEN DETERMINED TO BE THE PERPETRATOR OF AN ABUSIVE ACT THAT IS THE BASIS OF AN ADJUDICATION THAT A CHILD IS AN ABUSED CHILD?

YES NO

4.) IS THERE CURRENTLY A PROTECTION ORDER IN PLACE INVOLVING ANY OF THE PARTIES TO THIS ACTION?

YES NO

5.) HAVE THE PARTIES PARTICIPATED IN MEDIATION IN THE PAST?

YES NO

6.) HAVE ANY OF THE PARTIES BEEN INVOLVED WITH LUCAS COUNTY CHILDREN SERVICES BOARD?

YES NO

Petitioner's Signature

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

In the matter of:

Case Number: _____

Name Date of Birth

Name Date of Birth

Name Date of Birth

Name Date of Birth

Name Date of Birth

Name Date of Birth

PERSONAL IDENTIFIER INFORMATION FORM

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 juvenile’s name in an Abuse, Neglect or Dependency case is confidential. Use only initials, a generic abbreviation or “child.” The child’s actual identity will be referenced on this FORM only.

Child #1 Identifier: _____ Identity: _____
First Name, Middle Initial, Last Name
Child #2 Identifier: _____ Identity: _____
First Name, Middle Initial, Last Name
Child #3 Identifier: _____ Identity: _____
First Name, Middle Initial, Last Name
Child #4 Identifier: _____ Identity: _____
First Name, Middle Initial, Last Name
Child #5 Identifier: _____ Identity: _____
First Name, Middle Initial, Last Name
Child #6 Identifier: _____ Identity: _____
First Name, Middle Initial, Last Name

2. All Other Case Types - Social Security Numbers (except for the last 4 digits) are confidential. Full social security numbers must NOT be included in pleadings; they should be included on this FORM only.

Party #1 / Petitioner’s Name: _____ Complete SS # _____
Party #2 / Respondent’s Name: _____ Complete SS # _____
Party #3 / Additional Party’s Name: _____ Complete SS # _____
Party #4 / Additional Party’s Name: _____ Complete SS # _____
Party #5 / Additional Party’s Name: _____ Complete SS # _____
Party #6 / Additional Party’s Name: _____ Complete SS # _____

Any other documents filed/submitted to the Court SHOULD NOT include the following Personal Identifiers. If your filing requires any of the following personal identifiers listed below, please list the information ON THIS FORM ONLY.

Financial Account #(s): _____ Debit Card #(s): _____
Charge Card #(s): _____ Credit Card #(s): _____
Employer or Employee Identification #(s): _____

If Domestic Violence is indicated, Victim’s Address should be listed on this form and NOT on the pleadings:

**In the Court of Common Pleas, Lucas County, Ohio
Juvenile Division**

Case # _____

Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)

I, (full legal name) _____, being sworn according to law, certify that these proceedings involve the custody of a child, or children, and the following statements are true:

1. I am requesting the Court to not disclose my address, or that of the child (ren). My address is confidential pursuant to ORC 3127.23(D) and should be placed under seal in that the health, safety or liberty of myself and/or the child (ren) would be jeopardized by the disclosure of the identifying information.

2. **(Number):** _____ **Minor Child(ren) are subject to this proceeding as follows:**
(Insert the information requested below. The residence information must be given for the last 5 years.)

Child's Name:		Place of Birth:	Date of Birth:	Sex:
Period of Residence	Address Confidential (Y/N)	Person Child Lived With (Name & Address)	Relationship to Child	
To Present				
To				
To				
To				
Child's Name:		Place of Birth:	Date of Birth:	Sex:
Period of Residence	Address Confidential (Y/N)	Person Child Lived With (Name & Address)	Relationship to Child	
To Present				
To				
To				
To				
Child's Name:		Place of Birth:	Date of Birth:	Sex:
Period of Residence	Address Confidential (Y/N)	Person Child Lived With (Name & Address)	Relationship to Child	
To Present				
To				
To				
To				

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

3. **Participation in custody proceedings(s): (Check only 1)**

I **HAVE NOT** participated as a party, witness, or in any capacity in any other litigation, in this or any other state, concerning the custody or visitation (parenting time) with any child subject to this proceeding.

I **HAVE** participated as a party, witness, or in any capacity in any other litigation, in this or any other state, concerning the custody or visitation (parenting time) with any child subject to this proceeding. Explain:

Name of EACH child: _____

Type of Proceeding: _____

Court & State: _____

Date of Order or Judgment, if any: _____

4. **Information about custody proceeding(s): (Check only 1)**

I **HAVE NO INFORMATION** of any proceedings that could affect the current proceeding, including any proceedings relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning any child subject to this proceeding.

I **HAVE THE FOLLOWING INFORMATION** concerning proceedings that could affect the current proceeding, including any proceedings relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning any child subject to this proceeding other than set out in item #3.

Explain:

Name of EACH child: _____

Type of Proceeding: _____

Court & State: _____

Date of Order or Judgment, if any: _____

5. **Persons not a party to this proceeding: (Check only 1)**

I **DO NOT KNOW OF ANY PERSON** not a party to this proceeding who has physical custody or claims to have custody or visitation rights with respect to any child subject to this proceeding.

I **KNOW THAT THE FOLLOWING NAMED PERSON(S)**, not a party to this proceeding, has/have physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this proceeding.

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. **Knowledge of prior child support proceedings: (Check only 1)**

The child (ren) described in this affidavit are **NOT** subject to existing child support order(s) in this or any state or territory.

The child (ren) described in this affidavit **ARE** subject to the following existing child support order(s):

Name of Each child: _____

Type of Proceeding: _____

Court & Address: _____

Date of Order or Judgment, if any: _____

Amount of child support paid & by whom: _____

7. **I acknowledge that I have a continuing duty to advise this Court of any custody, visitation, child support or guardianship proceeding (including dissolution of marriage, child neglect, or dependency concerning the child(ren) in this state or any other state about which information is obtained during this proceeding.**

I understand that I am swearing or affirming UNDER OATH to the truthfulness of the statements made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Petitioner's Signature

Address

City, State, Zip

Phone

Fax

Sworn to and subscribed in my presence this _____ day of _____, in the year _____.

Notary/Deputy Clerk

Certification of Service

I certify that a copy of this document was (check only 1):

mailed faxed and mailed hand delivered to the persons(s) listed below on _____.

Other Party:

Name: _____ Address: _____

City, State, Zip: _____ Fax #: _____

Other Party's Attorney:

Name: _____ Address: _____

City, State, Zip: _____ Fax #: _____