

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

Case Number: _____

IN THE MATTER OF:

**THIRD PARTY MOTION TO MODIFY EXISTING
CUSTODY ORDER**

Petitioner's Name

Respondent's Name

DOB Last 4 Digits of SS #

DOB Last 4 Digits of SS #

Address City, State, Zip

Address City, State, Zip

Telephone #

Telephone #

Instructions: This form is to be used by a Third Party with an existing custody order who wants to change the terms. The Personal Identifier, Civil Case Questionnaire, UCCJEA Affidavit form, Certificate of Service and IV-D Application **MUST** be filed with this Motion.

I, *(insert your name)* _____, state that a Judgment Entry dated _____ set out custody orders for the following child(ren).

1. _____
Child's Name

2. _____
Child's Name

DOB Last 4 Digits of SS #

DOB Last 4 Digits of SS #

3. _____
Child's Name

4. _____
Child's Name

DOB Last 4 Digits of SS #

DOB Last 4 Digits of SS #

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).

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

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 #

3. _____
Child's Full Name

DOB Last 4 Digits of SS #

5. _____
Child's Full Name

DOB Last 4 Digits of SS #

2. _____
Child's Full Name

DOB Last 4 Digits of SS #

4. _____
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 #: _____

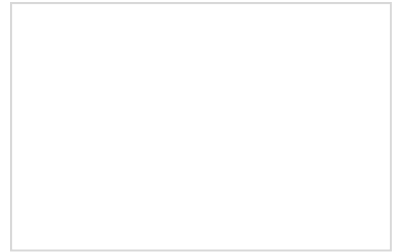
The Petitioner states the following is true and accurate to the best of his/her knowledge and belief:

- 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 ORCS 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 ORCS 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: <input type="checkbox"/> M <input type="checkbox"/> F
Date of Residence	Address Confidential	Person Child Lived With (Name & Address)	Relationship to Child	
To Present	<input type="checkbox"/> Yes <input type="checkbox"/> No			
To	<input type="checkbox"/> Yes <input type="checkbox"/> No			
To	<input type="checkbox"/> Yes <input type="checkbox"/> No			
b. Child's Name:		Place of Birth:	Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No			
To	<input type="checkbox"/> Yes <input type="checkbox"/> No			
To	<input type="checkbox"/> Yes <input type="checkbox"/> No			
c. Child's Name:		Place of Birth:	Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No			
To	<input type="checkbox"/> Yes <input type="checkbox"/> No			
To	<input type="checkbox"/> Yes <input type="checkbox"/> No			
d. Child's Name:		Place of Birth:	Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No			
To	<input type="checkbox"/> Yes <input type="checkbox"/> No			
To	<input type="checkbox"/> Yes <input type="checkbox"/> 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

**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:		<input type="checkbox"/> Single	<input type="checkbox"/> Married
Relationship to Children:		<input type="checkbox"/> Divorced	<input type="checkbox"/> 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)			

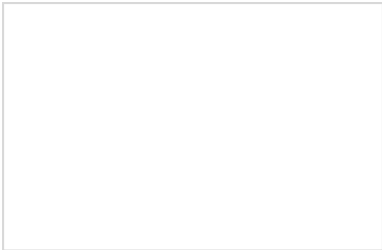
Type(s) of Service(s) Requested:

- 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: _____



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

Case Number: _____

**MOTION FOR WAIVER OF FILING FEES/
COSTS AND AFFIDAVIT OF INDIGENCY**

IN THE MATTER OF:

1. _____
Child's Name

DOB Last 4 Digits of SS #

2. _____
Child's Name

DOB Last 4 Digits of SS #

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: This form is used to request to be found indigent and waive payment of filings fees. An Affidavit of Indigency MUST be filed with this Motion.

Now comes _____ (*your name*) pursuant to §2323.31 and §2323.311 of the Ohio Revised Code, who moves this Court for an Order finding them to be indigent and waiving the required filing fees/costs.

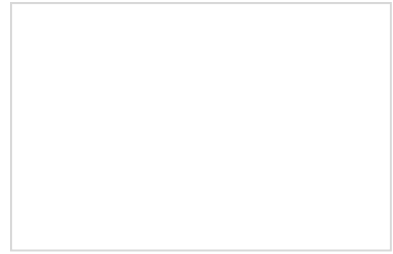
The attached **Affidavit of Indigency** is a sworn statement of my true income, assets and expenses, including the names and ages of the persons whom I have a legal duty to support. I understand that in making their determination, the Court will review the information provided by me in the Affidavit. If I am not found to be indigent, I will be notified by the Court and required to pay the filing fees/costs **before** my hearing will be scheduled. If I do not make the required payment within thirty (30) days, my filing will be dismissed and in order to have my case heard, I will need to file a new pleading.

Wherefore, the undersigned hereby moved this Court to grant an Order finding them to be indigent and waiving the required filing fees/costs pursuant to ORC §2323.311.

Respectfully Submitted,

Signature

Printed Name



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

Case Number: _____

IN THE MATTER OF:

**ORDER REGARDING WAIVER OF FILING
FEES/COSTS**

1. _____
Child's Name

DOB Last 4 Digits of SS #

2. _____
Child's Name

DOB Last 4 Digits of SS #

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

ORDER REGARDING WAIVER OF APPLICATION FEE

Motion for Waiver of Filing Fees/Costs due to indigent finding pursuant to §2323.31 and §2323.311 of the Ohio Revised Code filed on _____ is hereby:

- GRANTED** (Fee is WAIVED) – Applicant's income falls at or below the standards set forth by the Ohio Revised Code in regard to indigent litigants. **The Clerk shall schedule the underlying matter for hearing.**
- DENIED** – Applicant's income is above the standards set forth by the Ohio Revised Code in regard to indigent litigants. **The Clerk shall send copy of this order to the requesting party. The requesting party will have thirty (30) days from the date of this order to pay the required fees/costs. Failure to pay the required fees/costs within the thirty (30) days will result in the automatic dismissal of the pleading.**

It is so **ORDERED**.

Judge/Magistrate Date

JOURNALIZED THIS DATE _____ ELECTRONICALLY

AFFIDAVIT OF INDIGENCY FORM- MOTION FOR WAIVER OF FILING FEES/COSTS

Pursuant to O.R.C. 2323.311(B) (1), this form requests substantially the same information as the Ohio Public Defender Financial Disclosure form (ODP-206R).

I. PERSONAL INFORMATION			
Applicant's Name			D.O.B.
Mailing Address		City	State Zip Code
Case No.		Phone	Cell Phone
SSN Last 4	Gender	Race (place an 'X' by all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Spanish or Latino <input type="checkbox"/> White <input type="checkbox"/> Other	

II. APPLICANT'S DEPENDENTS					
Name	D.O.B.	Relationship	Name	D.O.B.	Relationship
1)			3)		
2)			4)		

III. PRESUMPTIVE ELIGIBILITY
<p>Waiver of filing fee is presumed if the applicant meets any of the qualifications below. (place an 'X' by all that apply)</p> <p> <input type="checkbox"/> Ohio Works First / TANF <input type="checkbox"/> SSI <input type="checkbox"/> SSD <input type="checkbox"/> Medicaid <input type="checkbox"/> Poverty Related Veterans' Benefits <input type="checkbox"/> Food Stamps <input type="checkbox"/> Refugee Settlement Benefits <input type="checkbox"/> Incarcerated in state penitentiary <input type="checkbox"/> Committed to a Public Mental Health Facility <input type="checkbox"/> Juvenile </p> <p style="text-align: center;">Documentation must be submitted showing receipt of above-mentioned benefits dated within the past thirty (30) days</p>

IV. INCOME AND EMPLOYER	
Gross Monthly Employment Income	\$
Unemployment, Worker's Compensation, Child Support, Other Types of Income	\$
TOTAL INCOME	\$
Employer's Name: _____ Phone Number: _____	
Employer's Address: _____	

V. LIQUID ASSETS	
Type of Asset	Estimated Value
Checking, Savings, Money Market Accounts	\$
Stocks, Bonds, CDs	\$
Other Liquid Assets or Cash on Hand	\$
Total Liquid Assets	\$

VI. MONTHLY EXPENSES			
Type of Expense	Monthly Amount	Type of Expense	Monthly Amount
Child Support Paid Out	\$	Telephone	\$
Child Care (if working only)	\$	Transportation / Fuel	\$
Insurance (medical, dental, auto, etc.)	\$	Taxes Withheld or Owed	\$
Medical / Dental Expenses or Associated Costs of Caring for Infirm Family Member	\$	Credit Card, Other Loans	\$
Rent / Mortgage	\$	Utilities (Gas, Electric, Water / Sewer, Trash)	\$
Food	\$	Other (Specify)	\$
Sum of TOTAL EXPENSES			\$

VII. DETERMINATION OF INDIGENCY
<p>If applicant's Total Income in Section IV is equal to or less than 187.5% of the Federal Poverty Guidelines, and if the applicant's monthly expenses are equal to or in excess of the applicant's liquid assets listed in Section V, or if Applicant is presumptively eligible, the filing fee will be waived. The Court has discretion to grant the waiver when Applicant's expenses are greater than income and assets.</p>

VIII. APPLICANT CERTIFICATION

Now comes Applicant, _____, (insert name) and states the following:

- 1. I am financially unable to pay the court fees/costs associated with my pleading without substantial hardship.
2. I understand that I must inform the Juvenile Clerk's Office if my financial situation should change before the disposition of the case for which this application is being submitted.
3. I understand that if it is determined by the court that a waiver of court fees/costs should not have been permitted, that I will be required to pay the court fees/costs.
4. I understand that if it is determined that false information was provided on this form, I may be subject to criminal charges for providing false financial information in connection with this Motion for Waiver of Filing Fees/Costs pursuant to Ohio Revised Code section 2921.13.
5. I hereby certify that the information I have provided on this Motion for Waiver of Filing Fees/Costs and Affidavit of Indigency is true to the best of my knowledge.

Signature

Date

IX. JUDICIAL REVIEW

Section IV - Total Income: \$ _____ Applicant Household Size: \$ _____

Section V - Liquid Assets: \$ _____ Section VI - Monthly Expenses: \$ _____

Ohio Public Defender
2023 Indigent Client Eligibility Guidelines
All figures based on gross income

187.5% of the Federal Poverty Level Guidelines

Table with 4 columns: Family Size, Annual Income, Monthly Income, Weekly Income. Rows include family sizes 1 through 8 and an 'Each Additional' row.

- Applicant's Total Income is equal to or less than 187.5% of the Federal Poverty Guidelines, and Applicant's monthly expenses are equal to or in excess of the Applicant's liquid assets listed in Section V, and/or Applicant is presumptively eligible in line with Section III, thus, the filing fee associated with this pleading is waived. Applicant's Motion for Waiver of Filing Fees/Costs is granted.
Applicant's Total Income is more than 187.5% of the Federal Poverty Guidelines, and/or Applicant's monthly expenses are less than the Applicant's liquid assets listed in Section V, therefore, the filing fee associated with this pleading must be paid. The clerk will retain the filing of the action or proceeding. Applicant's Motion for Waiver of Filing Fees/Costs is denied. Applicant is granted 30 days to pay the court fees/costs. Failure to pay the required fees/costs within thirty (30) days will result in the automatic dismissal of the pleading.

Lucas County Juvenile Clerk's Office

1801 Spielbusch Avenue, Toledo, OH 43604

(419) 213-6744

www.co.lucas.oh.us/juvenile

Hours: Monday - Friday

8:30 am to 4:30 pm

(excluding Federal legal holidays)

FREE CLINIC

The Free Clinic is held at Lucas County Juvenile Court on the **1st & 3rd Thursday** of every month (excluding Federal legal holidays). The Clinic runs from **11:00 am to 1:00 pm**. No Appointment is required. Report to the 1st Floor Information Desk.

NO WALK-INS WILL BE TAKEN AFTER 12:30 PM.

Toledo Bar Association Volunteers (local attorneys) will assist you with filling out any required court paperwork.

DO NOT SIGN YOUR PAPERWORK BEFORE PRESENTING IT TO THE JUVENILE CLERK'S OFFICE

Document(s) Needed:

- CSEA Administrative Order of Child Support (Paternity)** - Available from LCCSEA, 3737 W. Sylvania Avenue, Toledo, Ohio 43623, Hours: Monday - Friday, 8:30 am to 4:30 pm (Documents must be obtained from CSEA, or printed from a CSEA online account within the last 30 days)
- Paternity Affidavit** filed with the Ohio Paternity Registry (**1-888-810-6446**)
- Prior Court Order** establishing paternity.
- Account Summary (Arrearage Statement)** - Available from LCCSEA, 3737 W. Sylvania Avenue, Toledo, Ohio 43623, Hours: Monday - Friday, 8:30 am to 4:30 pm (Documents must be obtained from CSEA, or printed from a CSEA online account within the last 30 days)