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

Case Number: _____

IN THE MATTER OF:

COMPLAINT OR MOTION FOR ALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES

_____	_____
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 parent or legal custodian, after paternity for the child or children has been established, when the parent or legal custodian has a request related to residential parent status, parenting time, child support or medical support. The Personal Identifier, Domestic Violence Questionnaire, UCCJEA form, Affidavit of Income and Expenses and a Praecipe MUST be filed with this Complaint.

I, (*insert your name*) _____, am the Petitioner and parent of the following child(ren):

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

Now comes the Petitioner, pursuant to ORC 2151.23, 3111.01 to 3111.18 and 3109.04 and states the following:

Please list the name and date of birth for the child(ren) whom parentage determination is requested:

1. Name: _____ Date of Birth: _____
   Please state who the child lives with: _____.
2. Name: _____ Date of Birth: _____
   Please state who the child lives with: _____.
3. Name: _____ Date of Birth: _____
   Please state who the child lives with: _____.

4. Name: _____ Date of Birth: _____

   Please state who the child lives with: _____.

Please state whether the parent/child relationship has or has not been established and check the boxes that apply.

☐ **A parent/child relationship has been established. Check one box below & attach underlined documents**.

- ☐ Paternity Acknowledgement filed with the Ohio Paternity Registry; 1(800) 810-6446.
- ☐ Administrative Child Support Order file stamped date: _____.
- ☐ Prior Court Order file stamped date: _____ Issuing Court: _____.
- ☐ Child and medical support has been issued by previous Court Order in the amount of $_____ per month per child. *(please be sure to attach a current print-out of the support obligation, arrearages and payments. You can obtain a print-out through the Ohio State Office of Child Support Customer Service Portal at http://jfs.ohio.gov/ocs/CustServWebPortalWelcome2.stm or through your local child support office.)*
- ☐ Other: _____

  _____

  _____.

WHEREFORE, Petitioner requests the Court to (*please select all that apply*):

- ☐ Designate Petitioner the residential parent and legal custodian.
- ☐ Establish parenting time.
- ☐ Order parties to participate in mediation.
- ☐ Modify the current child and medical support obligation referenced above.
- ☐ Establish a child and medical support obligation.
- ☐ Other: _____

  _____

  _____.

_____

Petitioner's Signature Date

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

Case Number: _____

IN THE MATTER OF:

PERSONAL IDENTIFIER INFORMATION FORM

1._____
Child's Full Name
_____
DOB Complete SS #

2._____
Child's Full Name
_____
DOB Complete SS #

3._____
Child's Full Name
_____
DOB Complete SS #

4._____
Child's Full Name
_____
DOB Complete SS #

5._____
Child's Full Name
_____
DOB Complete SS #

6._____
Child's Full Name
_____
DOB Complete 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 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 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 - 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.**
   1. Party Name: _____ 2. Party Name: _____
      Full SS #: _____ Full SS #: _____
   3. Party Name: _____ 4. Party Name: _____
      Full SS #: _____ Full SS #: _____
   5. Party Name: _____ 6. Party Name: _____
      Full SS #: _____ Full SS #: _____

3. **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.**
   1. Bank Account # _____ 2. Debit/Credit Card # _____
      Routing # _____ Exp Date:_____ Security Code:_____
   3. Employee ID #_____ 4. Employer ID#_____

4. **If Domestic Violence is indicated, Victim's Address should be listed here and NOT on the pleadings:**
   Victim's Name: _____ Address: _____
   _____

Domestic Violence Questionnaire

Case #: _____

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?

☐ YES ☐ NO

_____
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 # _____

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 #: _____

FINANCIAL DISCLOSURE FORM

($25.00 application fee may be assessed—see notice on reverse side)

CHECK THE APPROPRIATE DEPARTMENT

☐ *Pro Bono* Legal Services program (*Pro Se* Juvenile Clinic Client Info Sheet) ☐ Clerk's Office – Request to Waive Filing Fees/Court Costs

I. PERSONAL INFORMATION

Applicant's Name	D.O.B.	Name of Person Being Represented *(if juvenile)*	D.O.B.

Mailing Address	City	State	Zip Code

Case No.	Phone	Cell Phone

SSN Last 4	Gender	Race:
		☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ Spanish or Latino ☐ White ☐ Other

II. OTHER PERSONS LIVING IN HOUSEHOLD

Name	D.O.B.	Relationship	Name	D.O.B.	Relationship
1)			3)		
2)			4)		

III. PRESUMPTIVE ELIGIBILITY

The appointment of counsel is presumed if the person represented meets any of the qualifications below. Please place an 'X' by all that apply.

☐ Ohio Works First / TANF ☐ SSI ☐ SSD ☐ Medicaid ☐ Poverty Related Veterans' Benefits ☐ Food Stamps
☐ Refugee Settlement Benefits ☐ Incarcerated in state penitentiary ☐ Committed to a Public Mental Health Facility
☐ Other (please describe):_____ ☐ Juvenile (*if juvenile, please continue at Section VIII)*

IV. INCOME AND EMPLOYER

	Applicant	Spouse (Do not include spouse's income if spouse is alleged victim)	Total Income
Gross Monthly Employment Income	$	$	$ 0.00
Unemployment, Worker's Compensation, Child Support, Other Types of Income	$	$	$ 0.00
		TOTAL INCOME	$ 0.00

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	$ 0.00

VI. MONTHLY EXPENSES

Type of Expense	Amount	Type of Expense	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)	$
EXPENSES	$ 0.00	**EXPENSES**	$ 0.00

VII. DETERMINATION OF INDIGENCY

If applicant's Total Income in Section IV is at or below 187.5% of the Federal Poverty Guidelines, counsel must be appointed. For applicants whose Total Income in Section IV is above 125% of the Federal Poverty Guidelines, see recoupment notice in Section XI. If applicant's Liquid Assets in Section V exceed figures provided in OAC 120-1-03, appointment of counsel may be denied if applicant can employ counsel using those liquid assets. If applicant's Total Income falls above 187.5% of Federal Poverty Guidelines, but applicant is financially unable to employ counsel after paying monthly expenses in Section VI, counsel must be appointed.

VIII. $25.00 APPLICATION FEE NOTICE

By submitting this Financial Disclosure Form, you will be assessed a non-refundable $25.00 application fee unless waived or reduced by the court. If assessed, the fee is to be paid to the clerk of courts within 7 days of submitting this form to the entity that will make a determination regarding your indigency. No applicant may be denied counsel based upon failure or inability to pay this fee.

IX. APPLICANT CERTIFICATION

I,_____, (applicant or alleged delinquent child) state:

1. I am financially unable to retain private counsel and/or pay the court fees/costs without substantial hardship to me or my family.
2. I understand that I must inform the Juvenile Clerk's Office, and the Public Defender or Court Appointed Attorney if my financial situation should change before the disposition of the case(s) for which representation is being provided.
3. I understand that if it is determined by the county or the court that legal representation should not have been provided, and/or that I must pay the court fees/costs, I may be required to reimburse the county for the costs of representation provided and/or reimburse the county if those fees/costs are paid for me up front. Any action filed by the county to collect legal fees hereunder must be brought within two (2) years from the last date legal representation was provided and/or the date such fees/costs were paid.
4. I understand that I am subject to criminal charges for providing false financial information in connection with this application for legal representation and/or a waiver of court fees/costs, pursuant to Ohio Revised Code sections 120.05 and 2921.13.
5. I hereby certify that the information I have provided on this financial disclosure form is true to the best of my knowledge.

_____ _____
Signature Date

X. JUDGE CERTIFICATION

I hereby certify that the above-noted applicant is unable to fill out and/or sign this financial disclosure for the following reason:_____.

☐ I have determined that the party represented meets the criteria for receiving court-appointed counsel.
☐ I have determined that the party represented meets the criteria for receiving a waiver of court fees/costs.

_____ _____
Judge's Signature Date

XI. NOTICE OF RECOUPMENT

ORC. §120.03 allows for county recoupment programs. Any such program may not jeopardize the quality of defense provided or act to deny representation to qualified applicants. No payments, compensation, or in-kind services shall be required from an applicant or client whose income falls below 125% of the federal poverty guidelines. See OAC 120-1-05.

Through recoupment, an applicant or client may be required to pay for **part** of the cost of services rendered, if he or she can reasonably be expected to pay. See ORC §2941.51(D)

XII. JUVENILE'S PARENTS' INCOME* – FOR RECOUPMENT PURPOSES ONLY – NOT FOR APPOINTMENT OF COUNSEL

	Custodial Parents' Income (Do not include parents' income if parent or relative is alleged victim)	Total
Employment Income (Gross)	$	$
Unemployment, Workers Compensation, Child Support, Other Types of Income	$	$
	TOTAL INCOME	$ 0.00

*Please complete Section VI on page 1 of this form if you would like the court to consider your monthly expenses when determining the amount of recoupment which you can reasonably be expected to pay.

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

Case Number: _____

IN THE MATTER OF:

_____
Petitioner's Name

_____
DOB Last 4 Digits of SS #

_____
Address City, State, Zip

_____
Telephone #

PRAECIPE FOR SERVICE

_____
Respondent's Name

_____
DOB Last 4 Digits of SS #

_____
Address City, State, Zip

_____
Telephone #

NOTE: You will not be given a hearing date unless this form is filled out completely and full addresses are furnished.

TO THE CLERK:
Please serve a copy of _____ filed _____ upon the following persons by:

☐ Certified Mail ☐ Personal Service ☐ Other (*Please Specify*) _____

_____
Mother's Name

_____
Address City, State, Zip

_____
Telephone #

_____
Father's Name

_____
Address City, State, Zip

_____
Telephone #

_____
Legal Custodian's Name

_____
Address City, State, Zip

_____
Telephone #

_____
Other's Name Relationship

_____
Address City, State, Zip

_____
Telephone #

_____
Petitioner's Signature Date