

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

Case Number: _____

IN THE MATTER OF:

**COMPLAINT OR MOTION TO
MODIFY CHILD SUPPORT 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 person receiving (Obligee) or paying (Obligor) child support in order to request a change in child support or allocation of child related expenses. The Personal Identifier, IV-D Application, Account Summary from Child Support Enforcement Agency (CSEA) and a Praecipe MUST be filed with this Complaint.

I (*insert your name*), _____, request that this Court change the prior orders made herein as follows:

Change the child support amount. The change I want the Court to order is: _____

Change the person responsible for health insurance for the children. The change I want the Court to order is: _____

Change the order regarding non-insured health care expenses. The change I want the Court to order is: _____

Change the tax credit designation. The change I want the Court to order is: _____

Stop an IRS Tax Intercept. The change I want the Court to order is: _____

The circumstances have changed since the Court issued the existing order. The change in circumstances, and any other reason for the requested change, are as follows: _____

I believe that the changes I am requesting are in the child(ren)'s best interest.

Petitioner's Signature

Date

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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.)

**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)			

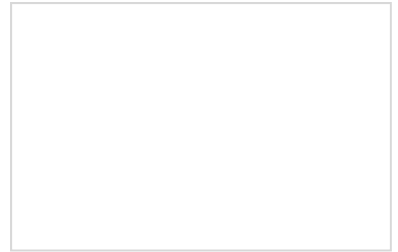
Type(s) of Service(s) Requested:

- 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: _____



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IN THE MATTER OF:

PRAECIPE FOR SERVICE

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 #

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

Father's Name

Address City, State, Zip

Address City, State, Zip

Telephone #

Telephone #

Legal Custodian's Name

Other's Name Relationship

Address City, State, Zip

Address City, State, Zip

Telephone #

Telephone #

Petitioner's Signature Date