

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

Case Number: \_\_\_\_\_

**IN THE MATTER OF:**

**THIRD PARTY COMPLAINT FOR CUSTODY**

1. \_\_\_\_\_  
Child's Name

DOB \_\_\_\_\_ Last 4 Digits of SS # \_\_\_\_\_

3. \_\_\_\_\_  
Child's Name

DOB \_\_\_\_\_ Last 4 Digits of SS # \_\_\_\_\_

2. \_\_\_\_\_  
Child's Name

DOB \_\_\_\_\_ Last 4 Digits of SS # \_\_\_\_\_

4. \_\_\_\_\_  
Child's Name

DOB \_\_\_\_\_ Last 4 Digits of SS # \_\_\_\_\_

**Instructions:** This form is to be used by a Third Party (non-parent, non-custodian) who wants custody of a minor child. The Personal Identifier Information Form, Civil Case Questionnaire, UCCJEA Affidavit, Home Study Information Sheet, Custody Questionnaire, Authorization for Release of Information, Criminal History Record Check Request, IV-D Application and Praecipe MUST be filed with this Motion.

**Name - Petitioner #1**

Date of Birth \_\_\_\_\_ Last 4 Digits of SS # \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Name - Petitioner #2 (if applicable)**

Date of Birth \_\_\_\_\_ Last 4 Digits of SS # \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Mother's Name**

Date of Birth \_\_\_\_\_ Last 4 Digits of SS # \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Father's Name**

Date of Birth \_\_\_\_\_ Last 4 Digits of SS # \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

1. Petitioner(s) *(insert name(s))* \_\_\_\_\_, request(s) that this Court change the custody of the above-named minor child(ren).
2. Petitioners' relationship to minor child(ren):  
☐ Maternal Grandparent                      ☐ Paternal Grandparent                      ☐ Aunt / Uncle  
☐ Brother / Sister                              ☐ Person not related by blood
3. Minor child(ren) are in the custody or possession of \_\_\_\_\_.
4. Minor child(ren)'s designated school district is \_\_\_\_\_.
5. Lucas County Children Services board   ☐ **has**   ☐ **has not** been involved with the minor child(ren).
6. The reasons for the request are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Petitioner believes that the requested change is in the child(ren)'s best interest.

WHEREFORE, Petitioner requests an Order of custody for the above-named minor child or children.

I, \_\_\_\_\_, being first duly sworn, deposes and states that he or she has read the forgoing Complaint and that all of the allegations contained herein are true to the best of my knowledge.

*(Please do not sign below until Petitioner(s) is/are in front of a notary public.)*

\_\_\_\_\_  
Petitioner's Signature

\_\_\_\_\_  
Petitioner's Signature

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

\_\_\_\_\_  
Notary Public/Deputy Clerk

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 3 Named Above Identifier \_\_\_\_\_  
Child 5 Named Above Identifier \_\_\_\_\_

Child 2 Named Above Identifier \_\_\_\_\_  
Child 4 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:** \_\_\_\_\_  
Last 4 Digits of SS #: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_  
Cell Phone Carrier\*: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**2. Party Name:** \_\_\_\_\_  
Last 4 Digits of SS #: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_  
Cell Phone Carrier\*: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**3. Party Name:** \_\_\_\_\_  
Last 4 Digits of SS #: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_  
Cell Phone Carrier\*: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**4. Party Name:** \_\_\_\_\_  
Last 4 Digits of SS #: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_  
Cell Phone Carrier\*: \_\_\_\_\_  
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:** \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_  
Cell Phone Carrier\*: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## Civil Case Questionnaire

Case #: \_\_\_\_\_

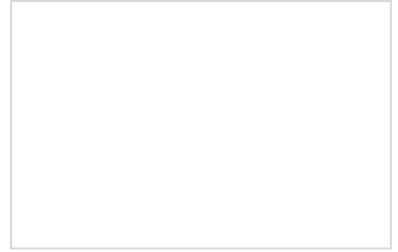
**The Petitioner states the following is true and accurate to the best of his/her knowledge and belief:**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1) Has any party been charged with, convicted of, or plead guilty to domestic violence?   | <input type="checkbox"/> YES | <input type="checkbox"/> 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? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3) Is there currently a Protection Order in place involving any of the parties to this action? <i>(if yes, include name below)</i>                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Name of Protected Persons: _____  |                              |                             |
| 4) Are there issues that you and the other party agree on?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5) Does the child(ren) have physical, emotional or educational disabilities?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6) Does any party have physical disabilities or mental health challenges?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7) Has any party stopped you, or prevented you from seeing the child(ren) on this case?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8) Does drug or alcohol use prevent a party from keeping a child on this case safe?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9) Do you believe a child on this case has been physically or emotionally abused?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10) Are you, or the other party, trying to move residences?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 11) Have any of the parties been involved with Lucas County Children Services?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 12) Has any party been charge, convicted or, or plead to child endangerment?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <i>(If yes, include name and relationship to child)</i>   |                              |                             |
| 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 ORC§ 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 ORC§ 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. <b>Child's Name:</b>		<b>Place of Birth:</b>	<b>Date of Birth:</b>	<b>Sex:</b> <input type="checkbox"/> M <input type="checkbox"/> F
<b>Date of Residence</b>	<b>Address Confidential</b>	<b>Person Child Lived With (Name &amp; Address)</b>	<b>Relationship to Child</b>	
To <b>Present</b>	<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. <b>Child's Name:</b>		<b>Place of Birth:</b>	<b>Date of Birth:</b>	<b>Sex:</b> <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.				
<b>Date of Residence</b>	<b>Address Confidential</b>	<b>Person Child Lived With (Name &amp; Address)</b>	<b>Relationship to Child</b>	
To <b>Present</b>	<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. <b>Child's Name:</b>		<b>Place of Birth:</b>	<b>Date of Birth:</b>	<b>Sex:</b> <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.				
<b>Date of Residence</b>	<b>Address Confidential</b>	<b>Person Child Lived With (Name &amp; Address)</b>	<b>Relationship to Child</b>	
To <b>Present</b>	<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. <b>Child's Name:</b>		<b>Place of Birth:</b>	<b>Date of Birth:</b>	<b>Sex:</b> <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.				
<b>Date of Residence</b>	<b>Address Confidential</b>	<b>Person Child Lived With (Name &amp; Address)</b>	<b>Relationship to Child</b>	
To <b>Present</b>	<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 &amp; 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 &amp; 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





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

Homestudy Information Sheet

Case # \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB: \_\_\_\_\_

Sex: ☐ M ☐ F Race: \_\_\_\_\_ School: \_\_\_\_\_

Living With: \_\_\_\_\_  
(Name) (Address) (Phone) (Relationship)

	Father	Mother	Petitioner
Name			
Address			
City/State/Zip			
Home Phone			
Birth Date			
Marriage Date			
Spouse's Name			
Occupation			
Yearly Income			
Employer			
Employer Address			
City/State/Zip			

	Father	Mother	Petitioner
Employer Phone			
Social Security #			
Names & Ages of Other People Living in the Home			

Is Father:      ☐ Married to Mother      ☐ Divorced from Mother  
☐ Found to be Father through Parentage Action

REFERENCES:      No more than one should be a relative. Please include employment contact, if available, church/community/personal friend. Please indicate address and phone number.

	Name	Address	Phone
1.			
2.			
3.			
4.			
5.			

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

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

**Custody Questionnaire**

A Custody Questionnaire form **MUST** be filled out for **EACH** child. Answer each of the questions completely. Your answers will be used to provide sufficient information with which to render a custody decision.

1. What is the full name and date of birth of the child whose custody you seek?  
\_\_\_\_\_
2. What is the present address of the child whose custody you seek?  
\_\_\_\_\_
3. Who has legal (court ordered) custody of the child at this time?  
\_\_\_\_\_
4. What is the legal custodian's current address?  
\_\_\_\_\_
5. Where (city & state) was legal custody established?  
\_\_\_\_\_
6. Who has physical possession of the child at this time?  
\_\_\_\_\_
7. Were the parents of this child married?  
\_\_\_\_\_
8. If the parents were not married, was paternity of the child established (by LCCSEA or Juvenile Court)?  
\_\_\_\_\_
9. What is your relationship to the child whose custody you seek?  
\_\_\_\_\_
10. How many adults currently reside in your home?  
\_\_\_\_\_
11. Has Lucas County Children Services (CSB) ever been involved with the child?  
\_\_\_\_\_
12. Have you ever been to this court before for anything concerning this child? If yes, when and under what circumstances?  
\_\_\_\_\_
13. Are you aware of any court orders from any other State granting custody of this child to you or someone else? If yes, what State granted previous custody order?  
\_\_\_\_\_

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Mother's Address

\_\_\_\_\_  
Father's Address

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Phone #

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

**AUTHORIZATION FOR RELEASE OF INFORMATION**

LUCAS COUNTY CHILDREN SERVICES is granted permission to release to the Lucas County Court of Common Pleas, Juvenile Division, for the purpose of home study, administrative and evidentiary purposes, any information contained in its records regarding \_\_\_\_\_.  
(Name of Person Signing Release) [PLEASE PRINT]

Such information to be released includes, but is not limited to, if a referral(s) has (have) been made relating to the above named individual, disposition of the referral(s), and for services offered said individual.

This consent to disclose may be revoked by me at any time, except to the extent that action has been taken in reliance thereon.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature (of person releasing information)

\_\_\_\_\_  
Date of Birth (of person releasing information)

\_\_\_\_\_  
Social Security Number (of person releasing information)

**Please return any information found to \_\_\_\_\_ at Lucas County Juvenile Court, 1801 Spielbusch Avenue, Toledo, Ohio 43604**

**LCCS USE ONLY:**

\_\_\_\_\_  
Name (of person filing out information)

\_\_\_\_\_  
Date Received

☐ Information Found and Enclosed

☐ No Information Found Regarding Above Individual

\_\_\_\_\_  
Date Returned to Juvenile Court

**Juvenile Justice Center  
1801 Spielbusch Avenue  
Toledo, OH 43604  
Fax: (419) 213- 6898**

<b>Lucas County Sheriff's Office</b> <b>Toledo, Ohio</b> <b>Criminal History Record</b> <b>Check Request</b>		Name and mailing address of requesting person, agency or company:  <div style="text-align: center;"> <b>Lucas County Juvenile Court</b>  <b>1801 Spielbusch Avenue</b>  <b>Toledo, OH 43604</b> </div>			
Subject's Name (Last, First, Middle)		Address (Street, City, State)			
Date of Birth (month – day - year)	Social Security Number (optional)	Race	Gender	Height	Weight
Release: By my signature below, I authorize the Lucas County Sheriff's Office to release any information contained in the records of which the Lucas County Sheriff is custodian, or which are available to him; and of which I am the subject. Any person who requests such records may have access to them, subject to any restrictions on such access by federal or state statute.					
_____ Signature of subject to be checked		_____ Date	_____ Witness		
<b>Instructions:</b> To obtain a criminal history record check, complete the request and obtain the required signatures. Submit the request form, with the fee of \$8.00 to: <div style="text-align: center;"> <b>Lucas County Sheriff's Office</b>  <b>1622 Spielbusch Avenue</b>  <b>Attn: Record Bureau</b>  <b>Toledo, Ohio 43604</b> </div>		<b>Disclaimer:</b> This record reflects only the information to which the Lucas County Sheriff's Office has access; that is, information found in the database of the Northwest Ohio Regional Information System and in the files of the Lucas County Sheriff's Office. This record check was completed by name only, not by fingerprints. Therefore, the true identity of the person in question is unverified. This is not to be construed as a complete criminal history or record.			
The following returned to the requesting person, agency or company:  Card File Record <input type="checkbox"/> Yes <input type="checkbox"/> No  Report from books: <input type="checkbox"/> Yes <input type="checkbox"/> No  OHSLPR.RID/ _____		<div style="text-align: center; margin-bottom: 20px;"> <input type="checkbox"/> No Record                      <input type="checkbox"/> Record Attached         </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           _____            Records Clerk Signature         </div> <div style="width: 35%;">           _____            Date         </div> </div>			

**By affixing your signature below and by completing the request form above, you authorize the Lucas County Juvenile Court to obtain and utilize the above-requested criminal history record for custody evaluation, home study, administrative, and evidentiary purposes. You also understand that you have the right to revoke this consent at any time, but that the revocation is not effective until delivered in writing to the Court. The revocation would not include records or information previously disclosed to the Court.**

Signature
Date

Print Name

Signature of Parent/Guardian (*in case of minor*)

**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: \_\_\_\_\_

**IN THE MATTER OF:****PRAECIPE FOR SERVICE**\_\_\_\_\_  
Petitioner's Name\_\_\_\_\_  
DOB Last 4 Digits of SS #\_\_\_\_\_  
Address City, State, Zip\_\_\_\_\_  
Telephone #\_\_\_\_\_  
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

\_\_\_\_\_  
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