

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

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 #

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, Domestic Violence Questionnaire, UCCJEA Form, Home Study Information Sheet, Custody Questionnaire, Authorization for Release of Information, Criminal History Record Check Request, IV-D Application and a Praecipe MUST be filed with this Motion.

Name - Petitioner #1

Name - Petitioner #2 (if applicable)

Date of Birth Last 4 Digits of SS #

Date of Birth Last 4 Digits of SS #

Address: _____

Address: _____

Phone: _____

Phone: _____

Mother's Name

Father's Name

Date of Birth Last 4 Digits of SS #

Date of Birth Last 4 Digits of SS #

Address: _____

Address: _____

Phone: _____

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):

<input type="checkbox"/> Maternal Grandparent	<input type="checkbox"/> Paternal Grandparent	<input type="checkbox"/> Aunt / Uncle
<input type="checkbox"/> Brother / Sister	<input type="checkbox"/> 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 Complete SS #

3. _____
Child's Full Name

DOB Complete SS #

5. _____
Child's Full Name

DOB Complete SS #

2. _____
Child's Full Name

DOB Complete SS #

4. _____
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 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 #: _____
Full SS #: _____ Cell Phone Carrier*: _____
Home Phone #: _____ Email Address: _____

2. Party Name: _____ Cell Phone #: _____
Full SS #: _____ Cell Phone Carrier*: _____
Home Phone #: _____ Email Address: _____

3. Party Name: _____ Cell Phone #: _____
Full SS #: _____ Cell Phone Carrier*: _____
Home Phone #: _____ Email Address: _____

4. Party Name: _____ Cell Phone #: _____
Full 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.)

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 #: _____

	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

Lucas County Sheriff's Office Toledo, Ohio Criminal History Record Check Request		Name and mailing address of requesting person, agency or company: Lucas County Juvenile Court 1801 Spielbusch Avenue Toledo, OH 43604			
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		
<u>Instructions:</u> 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: Lucas County Sheriff's Office 1622 Spielbusch Avenue Attn: Record Bureau Toledo, Ohio 43604		<u>Disclaimer:</u> 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/ _____		<input type="checkbox"/> No Record <input type="checkbox"/> Record Attached			
		_____ Records Clerk Signature		_____ Date	

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 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)			

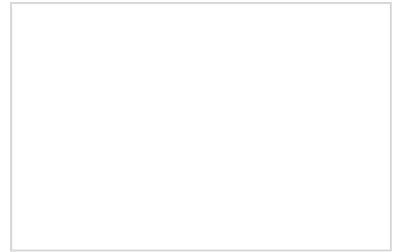
Type(s) of Service(s) Requested:

- 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

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