

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 _____

DOB _____ Last 4 Digits of SS # _____

Street Address _____

City, State, Zip _____

Respondent's Name _____

DOB _____ Last 4 Digits of SS # _____

Street Address _____

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 ORCS 2919.25; any sexually oriented offense as defined in ORCS 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