



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

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

**IN THE MATTER OF:**

**MOTION TO SHOW CAUSE**

\_\_\_\_\_  
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:** This form is used to bring the other party to Court to defend his or her failure to follow a previously issued court order. A Personal Identifier must be filed with this motion. If this is filed because of failure to pay child support, an Arrearage Statement from the Lucas County Child Support Enforcement Agency (LCCEA) MUST be attached to this Motion.

Now comes the Petitioner and states that on \_\_\_\_\_ an Order was entered in the above cause which provides as follows: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Petitioner states that the Respondent has violated said Order in that: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Wherefore Petitioner moves that the Respondent be cited to appear before this Court to show cause as to why she/he should not be punished for Contempt of Court.

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

\_\_\_\_\_  
Date

**CERTIFICATE OF SERVICE**

**TO THE CLERK:** I certify that I have served a copy of the foregoing Motion upon the following persons at the following addresses by regular mail:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

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

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 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.)