

Parentage was established for the following children:

_____	_____	_____
(Name)	(Birth Date)	(Social Security Number)
_____	_____	_____
(Name)	(Birth Date)	(Social Security Number)
_____	_____	_____
(Name)	(Birth Date)	(Social Security Number)
_____	_____	_____
(Name)	(Birth Date)	(Social Security Number)

Petitioner **has** **has not** been a party to other cases in Lucas County Juvenile Court.
If so, provide existing Juvenile Court Case # _____.

Relief Requested

Petitioner(s) move(s) the Court for an Order: (Check all that apply)

Establishing visitation and companionship between Petitioner(s) and subject child(ren).

Other: _____

Petitioner, being first duly sworn, deposes and states that he/she has read the foregoing Complaint to Establish Grandparent’s Visitation Rights, and that all of the allegations contained herein are true to the best of his/her knowledge.

Petitioner’s Signature

Petitioner’s Signature

CLERK: Please serve a copy of the foregoing upon the above Respondent(s) by personal service or certified mail, if appropriate.

NOTICE

This Motion is scheduled for hearing on _____, before Judge / Magistrate
_____.

**PLEASE REPORT TO THE INFORMATION DESK AT THE LUCAS COUNTY JUVENILE COURT,
JUVENILE JUSTICE CENTER, 1801 SPIELBUSCH AVENUE, TOLEDO, OHIO 43604
AT LEAST 15 MINUTES PRIOR TO YOUR SCHEDULED HEARING TIME.
PROPER ATTIRE REQUIRED - NO SHORTS PERMITTED.**

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**

In the matter of:

Case Number: _____

Name Date of Birth

Name Date of Birth

Name Date of Birth

Name Date of Birth

Name Date of Birth

Name Date of Birth

PERSONAL IDENTIFIER INFORMATION FORM

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 juvenile’s name in an Abuse, Neglect or Dependency case is confidential. Use only initials, a generic abbreviation or “child.” The child’s actual identity will be referenced on this FORM only.

Child #1 Identifier: _____ Identity: _____
First Name, Middle Initial, Last Name
Child #2 Identifier: _____ Identity: _____
First Name, Middle Initial, Last Name
Child #3 Identifier: _____ Identity: _____
First Name, Middle Initial, Last Name
Child #4 Identifier: _____ Identity: _____
First Name, Middle Initial, Last Name
Child #5 Identifier: _____ Identity: _____
First Name, Middle Initial, Last Name
Child #6 Identifier: _____ Identity: _____
First Name, Middle Initial, Last Name

2. All Other Case Types - Social Security Numbers (except for the last 4 digits) are confidential. Full social security numbers must NOT be included in pleadings; they should be included on this FORM only.

Party #1 / Petitioner’s Name: _____ Complete SS # _____
Party #2 / Respondent’s Name: _____ Complete SS # _____
Party #3 / Additional Party’s Name: _____ Complete SS # _____
Party #4 / Additional Party’s Name: _____ Complete SS # _____
Party #5 / Additional Party’s Name: _____ Complete SS # _____
Party #6 / Additional Party’s Name: _____ Complete SS # _____

Any other documents filed/submitted to the Court SHOULD NOT include the following Personal Identifiers. If your filing requires any of the following personal identifiers listed below, please list the information ON THIS FORM ONLY.

Financial Account #(s): _____ Debit Card #(s): _____
Charge Card #(s): _____ Credit Card #(s): _____
Employer or Employee Identification #(s): _____

If Domestic Violence is indicated, Victim’s Address should be listed on this form and NOT on the pleadings:

