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

	o aven.	lie Division			
		Case Number:			
In the Matter o	F:	THIRD PARTY REQUEST FOR EMERGENCY HEARING WITH SUPPORTING AFFIDAVIT			
Petitioner's Name		Child's Name	DOB		
DOB	Last 4 Digits of SS #	Child's Name	DOB		
Address	City, State, Zip	Child's Name	DOB		
Telephone #		Child's Name	DOB		
	This form MUST be accompanied by an	underlying Motion or Complain	for Custody.		
Mother's Name (write "Po	etitioner-see above" if applicable)	Father's Name (write "Pe	titioner-see above" if applicable)		
Mother's Address		Father's Address			
Telephone #		Telephone #			
Now comes (insert name) order to do the following	ne of Petitioner) g (please select all that you request):	and hereby	moves the Court for an emergency		
☐ Order super and the abo	orary custody of the above-listed or vised visitation between (insert no ve-listed child(ren). ntact between (insert name)	ame)			
	ve-listed child(ren).				
Emergency orders are re	equested for the following reasons:				
		Respectfully su	bmitted,		
		Petitioner's Sig	nature Date		

Emergency Hearing Affidavit

,	(Affiant's printed name) , being duly sworn, state the following is true and accurate to the best of my knowledge and belief. The undersigned, hereby say as follows:					
١.	What is the full name and date of birth of the child(ren) who is/are the subject of this case?					
2.	What is the present address of the child(ren) who is/are the subject of this case?					
3.	What school district does the child(ren) attend?					
	Who has legal (court ordered) custody of the child(ren) at this time?					
5.	What is the legal custodian's current address?					
٠.	Where (city & state) was legal custody established?					
·.	Who has physical possession of the child(ren) at this time?					
	Were the parents of this child married?					
	Has Lucas County Children Services (CSB) ever been involved with the child? How?					
0.	Have you contacted Lucas County Children Services (CSB) and made a referral regarding your concerns?					
1.	Have you contacted law enforcement regarding your concerns? (Police, Sheriff, etc.)					
2.	Do you have a law enforcement report (police report, sheriff's reports, etc.) of any incidents? Please attach.					
3.	Has the other party been notified or contacted about this emergency hearing request? How?					
4.	Have you ever been to this court before for anything concerning this child(ren)? If yes, when and under what circumstances?					

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15.	Why do you believe an emergency hearing and order are necessary? Is this child in imminent risk of harm? Please explain in detail. Feel free to use a separate sheet of paper if necessary.				
	I swear or affirm that the information in this affidavit is true and acc (Please do not sign below until you are in front of a Notary Public)	urate to the best of my knowledge and belief.			
State o	of Ohio) y of Lucas) §:	Affiant's signature			
•	Sworn to and subscribed in my presence this day of	, in the year 20			
		Notary Public State of Ohio			

My commission expires ______.

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In	the Matter of:		Case Number:		
			Judge		
	Name:	DOB:	Magistrate		
	Name:	DOB:			
	Name:	DOB:			
	Name:	DOB:			
			Magistrate's Ori	<u>DER</u>	
		ntiff/Petitioner			
		,			
	Defe	endant/Respondent			
		,			
	3 rd I	Party Defendant			
	The Court finds the Request for	Emergency Hearing is	□ GRANTED □ DENIED becar	use:	
	□ Request to be set for Emergency Hearing (within 1 to 2 days). □ Request is to be set for Expedited Hearing (within 2 to 3 weeks). □ Request is to be set for hearing on the Court's regular docket (within 6 to 8 weeks). □ Request is hereby dismissed. □				
			Magistrate	Date	

This order is effective without judicial approval. A party may appeal this order by filing a Motion to Set Aside in the Juvenile Clerk's office no later than ten (10) days after the order is filed. The Motion <u>must</u> state the particular reasons for the motion. A Motion to Set Aside does not stay this Order unless the Magistrate or the Judge grants a stay.