

DIRECTIONS FOR FILING A PRO SE PETITION FOR CUSTODY
(Use this packet if you are filing for custody, shared parenting OR custody
along with visitation or support)

This Packet has **7 forms** which must be completed as follows. It may take you an hour to complete.

FORM 1: PETITION

1. At the top of the page where it says "IN RE": print/type the child's full name.
2. Print the child's birth date where it says Date of Birth.
3. Where it says SSN, put the child's social security number (last 4 digits only).
4. Print your name where it says "Petitioner" and complete the information
5. Print the name of the person who currently has legal custody of the child by "Respondent". Where it says "3rd Party Respondent", put in the name of any other person that has legal custody of the child and complete all information.
6. If there is a SETS number put it in the space provided. There is a SETS number if someone has been ordered to pay child support for this child through the Support Enforcement Agency (SEA).
7. Answer all questions.
8. You must have your signature notarized.

FORM 2: STATEMENT OF INCOME EXPENSES & HEALTH INSURANCE

Complete all information for yourself and the other party (if known) completely and truthfully. Unless you tell the court NOT to send this to the other party, it will be sent with the other paperwork. You must have your signature notarized at the end.

FORM 3: CHILD CUSTODY AFFIDAVIT

1. At the top of the page where it says "IN RE", put the child's name, date of birth and social security number (last 4 digits only).
2. You are the "Petitioner". Put your name in all places where it says "Petitioner".
3. Answer questions completely and truthfully. Be sure to include the city, state, and zip code when appropriate.
4. You must have your signature notarized.

FORM 4: APPLICATION FOR IV-D SERVICES

1. Answer questions completely and truthfully. Be sure to include the city, state, and zip code when appropriate.
2. This form is required, even if you are not asking for support.
3. Sign and Date the form.

-MORE INSTRUCTIONS ON BACK-

FORM 5: RELEASE OF INFORMATION

A background check **MUST** be completed before the first hearing.

1. At the top of the page, print the child's name where it says "IN RE"
2. Print the Petitioner's name and complete all information requested. A "Release of Information" form **MUST** be completed by each petitioner
3. Sign and Date the form

FORM 6: INSTRUCTIONS FOR SERVICE (Service is notification to the other parties)

1. At the top of the page, print the child's name where it says "IN RE"
2. Print your name in "Petitioner" and print the Respondent's name on the line "Respondent".
3. In the blank lines after "Please issue service to", you need to write the name address, city, state, and zip code of the Petitioner and any other person listed as the Respondent.
4. Check certified mail for all respondents; check regular mail for yourself.

All Respondents must be either served personally or through residential service with the petition and other documents.

- a.) When the certified mail is returned to the Clerks Office (it was not delivered to a party), they will send you notification as to the outcome of the service.
 - * If the service is returned with a bad address you will need to find the correct address and re-issue the Petition and other documents through certified mail.
 - * If the service is "unclaimed" you will need to go to the Clerks Office and re-issue service through regular mail.

*** THERE WILL BE ADDITIONAL CHARGES IF THERE IS A RE-ISSUE OF SERVICE** (Read #4 (Form 6, above). **If you do not take the steps to make sure the other party has legal service, your case could be dismissed.**

FORM 7: NOTICE OF HEARING

1. At the top of the page, print the child's name where it says "IN RE"
2. Print your name in Petitioner and print the Respondent's name on the line "Respondent"
3. Leave the remaining information blank

YOU WILL BE NOTIFIED OF YOUR HEARING DATE IN THE MAIL.

**IN THE COMMON PLEAS COURT OF MONTGOMERY COUNTY, OHIO
JUVENILE DIVISION**

[FORM 1]

IN RE: _____ * Juvenile Case No. _____

Date of Birth: _____ SETS (CSEA) No. _____

SSN: XXX-XX-_____ *

Judge: _____

Petitioner _____ * Magistrate: _____

Address: _____ *

City, State, Zip _____ *

Telephone#: _____ *

SSN: XXX-XX-_____ D.O.B. _____ *

VS.

Respondent _____ *

Address: _____ *

City, State, Zip _____ *

Telephone#: _____ *

SSN: XXX-XX-_____ D.O.B. _____ *

3rd Party Respondent _____ *

Address: _____ *

City, State, Zip _____ *

Telephone#: _____ *

SSN: XXX-XX-_____ D.O.B. _____ *

PETITION: [check what applies]

☐ FOR CUSTODY

☐ TO MODIFY / CHANGE CUSTODY

☐ FOR VISITATION

☐ TO MODIFY / CHANGE VISITATION

☐ FOR SUPPORT

☐ TO MODIFY / CHANGE SUPPORT

☐ FOR SHARED PARENTING (agreed plan
must be attached, signed by both petitioner
AND respondent)

* * * * *

Please answer the following questions

1. What is your relationship to this child?

2. If you are not the child's natural parent, where are the child's parents?

Mother's Name: _____

Address: _____

City, State, Zip: _____

Telephone No: _____

SSN: XXX - XX - _____ D.O.B. _____

Father's Name: _____
Address: _____
City, State, Zip: _____
Telephone No: _____
SSN: XXX – XX - _____ D.O.B. _____

3. Who has legal custody of this child? (Who does the law recognize as the child's legal custodian?)

4. How was this legal custody determined?

5. Who does the child live with?

6. If the child lives with you, how did the child come to live with you?

7. Besides wanting custody / visitation / modification of support, what else would you like the Court to do for you in regards to this child?

8. Why do you want this? Why did you file this petition?

9. Has any other court (for example, Domestic Relations Court) made any decisions or orders in regard to this child (include support orders)?

10. If yes to the last question, what decision / order was made? (Include SETS#)

11. The child should be in my custody or visit with me, or support should be modified because:

WHEREFORE, the Petitioner requests this Court to grant an award of Custody / Visitation / Support Modification of the said minor pursuant to Ohio Revised Code Titles 21 and 31, and for other relief as may be necessary.

[Your Signature] [Your Printed Name]
Sworn to and signed in my presence this _____ day of _____, _____.

Commission Expires
Notary Public

**IN THE COMMON PLEAS COURT OF MONTGOMERY COUNTY, OHIO
JUVENILE DIVISION**

[FORM 2]

In Re: _____
SSN: XXX-XX-_____ DOB _____

PETITIONER'S (YOUR) NAME
SSN: XXX-XX-_____ DOB _____
ADDRESS: _____

Case No. _____

SEA No. _____

-vs- / and

RESPONDENT'S NAME
SSN: XXX-XX-_____ DOB _____
ADDRESS: _____

**AFFIDAVIT OF INCOME
EXPENSES, HEALTH INSURANCE AND
FINANCIAL DISCLOSURE**

STATE OF OHIO, SS:

Now comes _____ (YOUR NAME), affiant herein, and having been duly cautioned and sworn, states that he/she has been advised that this affidavit may be used for any or all of the following purposes: (1) to make complete disclosure of affiant's income, assets, liabilities and expenses; (2) to assist in determining orders of support when applicable or any changes thereto; (3) to provide for the issuances of the appropriate withholding order for support; and (4) to provide for the issuances of the appropriate health care coverage order(s)

Minor and/or dependent children living in the home

_____, age _____; Relationship _____
_____, age _____; Relationship _____
_____, age _____; Relationship _____

SECTION A. GROSS YEARLY INCOME FROM EMPLOYMENT

PETITIONER ☒ YES ☐ NO Employed? RESPONDENT ☒ YES ☐ NO

\$ _____ (Actual or Estimate) **Base Yearly Wages** (Actual or Estimate) \$ _____
(Indicate if Income is Actual or Estimate)

\$ _____ Yearly Average Overtime, Commission & Bonus Income \$ _____ (Average of Past Three Years)

_____, Employer
_____, Payroll Address
_____, City, State, Zip

☐ 12 ☐ 24 ☐ 26 ☒ 52 Scheduled Paychecks Per Year ☐ 12 ☐ 24 ☐ 26 ☒ 52

\$ _____ Unemployment Benefits \$ _____

\$ _____ Worker's Compensation \$ _____
Social Security or Other
Disability Benefits

\$ _____ List Sources in Section D-2 \$ _____

\$ _____ Alimony Received \$ _____

Interest/Dividend Income
\$ _____ List of Source in Section D-2 \$ _____

\$ _____ Public Assistance \$ _____

Other Income Received List Source in Section D-2 \$ _____

ANNUAL INCOME, OVERTIME, COMMISSION AND BONUSES EARNED
(Past Three Years)

	Base Income	Overtime Commission Bonuses		Base Income	Overtime Commission Bonuses
20 ____ year 3 ...	\$ _____	\$ _____	20 ____ year 3	\$ _____	\$ _____
20 ____ year 2 ...	\$ _____	\$ _____	20 ____ year 2	\$ _____	\$ _____
20 ____ year 1 ...	\$ _____	\$ _____	20 ____ year 1	\$ _____	\$ _____

ADJUSTMENTS
Court Ordered Support Paid

\$ _____ per year for other child(ren) \$ _____ per year

Court # _____
SEA # _____

Court Ordered Alimony Paid

\$ _____ per year to a Former Spouse \$ _____ per year

Domestic Relation # _____
SEA # _____

Number of Other Dependent
_____ Children living with the Party
(Excluding Unadopted Step Children)

Child Support Received for
Other Dependent Children
\$ _____ per year Indicated Immediately Above \$ _____ per year

Health Insurance Premium Paid
\$ _____ per year by Party if Children Included \$ _____ per year

SECTION B. PETITIONER'S MONTHLY EXPENSES

List expenses below for your present household. There are _____ adults and _____ children in my household.

A. MONTHLY EXPENSES

1. Housing

Rent or Mortgage (including taxes and insurance) \$ _____
Utilities
a. Gas & Electric (level billing or average per month) \$ _____
b. Water & Sewer \$ _____
c. Basic Telephone (excluding long distance) \$ _____
d. Trash Collection: \$ _____
Other: \$ _____

HOUSING TOTAL \$ _____

2. Other Grocery (include food, laundry & cleaning
products/toiletries etc)

Gasoline & Oil \$ _____
Car Repairs \$ _____
Insurance: (life/auto/renter's) \$ _____
Medical (not covered by insurance) \$ _____
Clothing \$ _____
Other \$ _____

OTHER MONTHLY EXPENSES TOTAL
\$ _____

B. MONTHLY DEBT PAYMENTS

Do not list expenses previously listed in Section A (Monthly Expenses). Attach additional pages if needed.

TO WHOM PAID

(ALSO INDICATE NAME ACCOUNT IS
IN OR JOINT ACCOUNT)

PURPOSE**BALANCE
DUE****MONTHLY
PAYMENT**

_____ \$ _____

MONTHLY TOTAL..... \$ _____

**GRAND TOTAL MONTHLY
EXPENSES**..... \$ _____

SECTION C. HEALTH INSURANCE

GROUP HEALTH INSURANCE COVERAGE AVAILABLE FOR DEPENDENT CHILDREN

(This section to be filled in **ONLY** when there are dependent children of the parties.)

PLAINTIFF/PETITIONER/MOVIANT/FATHER MOTHER

DEFENDANT/PETITIONER/FATHER/MOTHER

☐ YES ☒ NOAvailable through employment ☐ YES ☒ NO

☒ YES ☐ NOOther Group Plan ☒ YES ☐ NO

_____ Insurance Company Name _____

_____ Address _____

_____ Policy Number _____

\$ _____ per year / month (individual) Employee Cost \$ _____ per year / month (individual)

\$ _____ per year / month (family) (Indicate "0" if no cost to party) \$ _____ per year / month (family)

(Indicate "0" if available at no cost to party)

COVERAGES

(Summarize health care benefits, i.e., major medical only, deductible, co-payments, health maintenance organization, etc.)

_____	_____
_____	_____
_____	_____
_____	_____

SECTION D. FINANCIAL DISCLOSURE

List all funds on deposit in any and all accounts in any bank, savings & loan, credit union, regulated investment company, mutual fund or other financial institution. Account includes any of the following: checking, certificate of deposit ("CD"), investment, savings, individual retirement ("IRA"), stock option, etc. Attach additional pages if needed.

Name and address of
Financial Institution

Account No.

Name(s)
on Account

Balances
date of this
Affidavit

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Other income sources listed in Section A (i.e., retirement/pension benefits, disability income, interests or dividend income, rentals, annuities, etc, not listed in Section D-1) Attach additional pages if needed.

Name and Address of Source	Identifying Description (Account No., Claim No., etc.)	Income or Benefits
_____	_____	\$ _____ per _____

SECTION E. OTHER ASSETS AND LUMP SUM INCOME

Describe assets of more than \$1,000 in value not otherwise listed in this affidavit. Attach additional pages if needed.

(a) _____ Value \$ _____
(b) _____ Value \$ _____
(c) _____ Value \$ _____

List any lump sum income (bonus, gifts, inheritance, etc) in excess of \$500, expected to be received within the next six months, not otherwise listed in this affidavit. Attach additional pages if needed.

Source: _____ Value \$ _____
Address: _____

Affiant states that the information contained herein is complete and accurate to the best of his/her information, knowledge or belief under penalty of law.

Attorney for PETITIONER

Sworn to and subscribed in my presence this _____ day of _____, 20 _____

Commission Expires
Notary Public

**IN THE COMMON PLEAS COURT OF MONTGOMERY COUNTY, OHIO
JUVENILE DIVISION**

[FORM 3]

IN RE: _____ * Case No. _____
Child's Name _____ *
_____ *
Social Security Number xxx-xx-_____ *
_____ *
Date of Birth _____ *
_____ *
_____ *
_____ *
_____ *
_____ *
_____ *

Magistrate

CHILD CUSTODY AFFIDAVIT

I, the PETITIONER, being duly sworn, state the following answers to the questions set out herein relevant to the physical custody and/or residence of the minor child:

1. **State the places where the child lived** within the last five (5) years, and the names and address of the person(s) whom the child lived during that period:

A. _____
CHILD'S PRESENT ADDRESS _____ WHO DOES CHILD LIVE WITH? _____
FROM (what date) _____ TO **PRESENT**

B. _____
CHILD'S PREVIOUS ADDRESS _____ WHO DOES CHILD LIVE WITH? _____
FROM (what date) _____ TO (what date) _____

C. _____
CHILD'S PREVIOUS ADDRESS _____ WHO DOES CHILD LIVE WITH? _____
FROM (what date) _____ TO (what date) _____

2. Do you know of any court case anywhere in which custody of this child is an issue? _____ [YES OR NO]

3. If there is a custody proceeding concerning the child, pending in a court in this or any other state, print these:
Case Number _____ Name of the court _____

Address of the court _____

4. State the name and address of any person, not a party to the proceedings, who physically has the child, or claims to have custody / visitation rights for the child: _____

5. Have you been convicted of or pleaded guilty to any criminal offense involving an act that resulted in a child being an abused and/or neglected. _____ [YES OR NO]

6. Have you been determined to be the perpetrator of an abusive or neglectful act which was the basis for an adjudication of any child as abused or neglected. _____ [YES OR NO]

I understand that I have a continuing duty to inform the Court of any custody proceeding concerning the child in this or any other state from which I obtain information during this proceeding.

Petitioner

Petitioner

Sworn to and signed in my presence this _____ day of _____,

Notary Public, My Commission Expires _____

**THIS FORM MUST BE COMPLETED IF YOU ARE FILING FOR CUSTODY OR SUPPORT
IN MONTGOMERY COUNTY**

**APPLICATION FOR CHILD SUPPORT SERVICES
NON-PUBLIC ASSISTANCE APPLICANT [Form 4]**

IMPORTANT: If you are receiving ADC or Medicaid, do **not** complete this application, because you became eligible for child support services when you became eligible to receive ADC or Medicaid.

I the undersigned, _____ request Child Support Services from the _____ County Child Support

Enforcement Agency. I understand and agree to the following conditions:

A. I am a resident of the County in which services are requested.

B. Recipients of child support services shall cooperate to the best of their ability with the CSEA. (*See attached rights and responsibility information*). 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 Services Only**", if the sole need is to find the whereabouts of the absent parent.

2. Establishment or Modification 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 (*modification*), and to establish a medical support order.

3. **Enforcement of Existing Orders.** The CSEA can help you collect current and back child support.

4. **Federal and State Income Tax Refund Offset Submittals for the Collection of Child Support Arrearages.** The agency can assist in collecting back support (*arrearages*) by intercepting a non-payor's federal and state income tax refunds on 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 back 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. Back support collected will be paid to you until all of the back support you are owed is paid.

If you received ADC in the past and support was assigned to the state, back support collected will be paid to the state after you receive back support owed to you.

8. **Interstate Collection of Child Support.** The agency can assist you in collecting support if the payor is living in another state or in some foreign countries.

C. The only fee you can be charged for services is a one dollar application fee. Some counties pay this fee for the applicants.

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 or the IV-D recipient's personal interest.

APPLICANT INFORMATION (INFORMATION ABOUT YOU)	
Name	Date of Birth
Social Security Number (SSN) [LAST 4 DIGITS ONLY]	Current Marital Status (Check One) <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div><input checked="" type="checkbox"/> Single <input type="checkbox"/> Deserted</div><div><input type="checkbox"/> Married <input type="checkbox"/> Widowed</div><div><input type="checkbox"/> Divorced</div><div><input type="checkbox"/> Separated</div></div>

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
------------------------	------

Applicants Name <i>(Last, First, Middle)</i>		Telephone Number <i>(Home)</i>	
Address <i>(Street/Route, P.O. Box)</i>		<i>(Work)</i>	
City, State, Zip Code			
INFORMATION ON CHILDREN			
	Child 1	Child 2	Child 3
a. Name			
b. Sex			
c. SSN			
d. Date of Birth (DOB)			
e. Name(s) of Absent Parent			
f. Has Paternity (Fatherhood) Been Established?			
g. Is There An Order For Support <input type="checkbox"/> Yes <input type="checkbox"/> No			
ABSENT PARENT INFORMATION OR PARENT ORDERED TO PAY CHILD SUPPORT			
	Absent Parent #1	Absent Parent #2	Absent Parent #3
Name			
Address (City, State, Zip Code)			
SSN			
Date of Birth (DOB)			
Name of Employer			
Address of Employer (City, State, Zip Code)			
Amount of Support Ordered (Wk, Bi-Wk, Mo)			
Case Number on Support Order			
Date of Support Order			
Location Where Order Was Issued (City, County, State)			
Military Service Give Date and Branch Entered			
Arrest Record: Give Date and Place of Arrest			
If the absent parent has been on Public Assistance: Give Date and Place			
Give Name and Address of Current Spouse of Absent Parent			
• Have you ever been on public assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
When <i>(Date)</i>	Where <i>(City and State)</i>	County	
FOR AGENCY USE ONLY			
Case Name	Date Requested	Date Mailed or Provided	
Case Number	Date Returned or File Date		

**MONTGOMERY COUNTY COMMON PLEAS COURT
JUVENILE DIVISION**

380 West Second Street, Dayton, Ohio 45422

Judge Nick Kuntz

Judge Anthony Capizzi

[Form 5]

IN RE: _____

Case#: _____

Petitioner _____

Address: _____

City, State, Zip _____

Telephone#: _____

SSN: XXX-XX-_____ D.O.B. _____

I am requesting information regarding any contacts your department has had with the above named individual.
Will you please check your records as soon as possible, and return this form with whatever information is
available?

Thank you for your prompt reply.

JAMES D. COLE

COURT ADMINISTRATOR

This record information is being requested for the petitioner in the above case, for the following reason(s):

The Petitioner is applying for Custody.

Petitioner's Signature

Date

**MONTGOMERY COUNTY COMMON PLEAS COURT
JUVENILE DIVISION - CLERK'S OFFICE
380 West Second Street, Dayton, Ohio 45422
[FORM 6]**

INSTRUCTIONS FOR SERVICE

IN RE: _____

J.C. No. _____

_____,
Petitioner

_____,
Respondent

PLEASE ISSUE SERVICE TO:

Name: _____

Address: _____

VIA: ☐ PERSONAL ☐ RESIDENTIAL ☐ REGULAR MAIL ☐ CERTIFIED MAIL

Name: _____

Address: _____

VIA: ☐ PERSONAL ☐ RESIDENTIAL ☐ REGULAR MAIL ☐ CERTIFIED MAIL

Name: _____

Address: _____

VIA: ☐ PERSONAL ☐ RESIDENTIAL ☐ REGULAR MAIL ☐ CERTIFIED MAIL

Name: _____

Address: _____

VIA: ☐ PERSONAL ☐ RESIDENTIAL ☐ REGULAR MAIL ☐ CERTIFIED MAIL

LIST ALL DCOUMENTS TO BE SERVED:

THE ENTIRE PRO SE PACKET WILL BE SENT TO ALL THOSE LISTED ON THIS SERVICE SHEET.

Your Name: _____

**IN THE COMMON PLEAS COURT OF MONTGOMERY COUNTY, OHIO
JUVENILE DIVISION**

[FORM 7]

IN RE: _____ * Juvenile Case No. _____

Date of Birth: _____ SETS (CSEA) No. _____

SSN: XXX-XX _____ *

Judge: _____

Petitioner Magistrate: _____

* **NOTICE OF HEARING**

Respondent

This matter will come on for a hearing before Magistrate _____,
on _____, at _____ AM / PM on the foregoing
petition for custody / visitation and/or support. The hearing will be held at the Juvenile Justice Center, 380
West Second Street, Mezzanine Level, Dayton, Ohio 45422.

IT IS SO ORDERED.

MAGISTRATE