

# COMPLAINT–MOTION FOR PARENTING TIME

## GENERAL INFORMATION

This Complaint–Motion for Parenting Time contains several fill-in-the-blank forms which must be completed before your request will be considered by the Court. The forms are mandatory and must be completed **in full** before the Clerk may accept the packet. These forms are being provided for you as a convenience. The forms should be typewritten or printed. If the forms are not legible they will not be accepted.

*The Clerk of Courts cannot give you legal advice.*

*The Clerk of Courts cannot fill the forms out for you.*

*The Clerk of Courts cannot advise you as to how the forms are to be completed.*

*If you are in need of legal advice, consult an attorney.*

## COMPLAINT-MOTION FOR PARENTING TIME

This is a basic document which asks the Court to establish an order for parenting time with a minor child(ren) who is a party to the case. The child(ren)'s name must be inserted at the top left of the first page. You are encouraged to consult with an attorney before proceeding. The forms should be typewritten or printed. If the forms are not legible, they will not be accepted.

## PARENTING TIME AFFIDAVIT

The affidavit must be completed in full. You only need to fill out one affidavit per case. The affidavit must be notarized **before** turning the packet in for filing.

## APPLICATION FOR CHILD SUPPORT SERVICES

This form must be filled out and will be sent to the Warren County Child Support Enforcement Agency ("Warren County CSEA"). This form is required by law in any custody, visitation or support case; however it does not obligate you to accept CSEA services. Please fill out the form completely and sign at the bottom of the second page. Questions regarding this form should be directed to the Warren County CSEA at (513) 695-1580.

## WAIVER AND CONSENT

If the Complaint-Motion for Parenting Time is agreed to by all necessary parties this form must be used. If you are submitting this as an agreement both parents must fill out one of these forms. Any person with court ordered or other legal rights to custody or visitation with the child must fill out a waiver and consent form. These forms must be completely filled out and notarized **before** bringing the packet in for filing.

## **REQUEST FOR SERVICE**

You must have a valid address for the other party in order to obtain proper service of your Complaint/Motion. The Complaint/Motion cannot be filed without a valid address for the other party. The case cannot proceed until proper service has been made on the other party, and that is why a valid address is necessary.

If your visitation request is agreed to by all necessary parties you do not need to complete this form. If any parent of the child or any person having rights to custody or visitation is not in agreement, a request for service form must be completed and filed. Normally certified mail is used; however, you may elect to have service made by a private process server or by the county sheriff of the county in which the person resides. If you are requesting service by means other than certified mail you must make prior arrangements with the process server. You will be charged \$25 for each person served.

## **PHONE NUMBERS OF ALL INTERESTED PARTIES**

Due to the nature of these motions, time is of the essence. As such, we may need to be able to reach some of the interested parties as soon as possible. Therefore, please provide as much information as you can which will assist us in contacting the necessary parties (i.e. home phone, cell phone, work phone, email address, etc.).

## **OTHER REQUIREMENTS**

### **COMPLAINT–MOTION FOR PARENTING TIME: NEW CASE**

A fee of **\$160.00** must be paid at the time of filing a Complaint–Motion for Parenting Time for the first child and **\$50** for each additional child. Personal checks are not accepted.

### **COMPLAINT-MOTION FOR PARENTING TIME: EXISTING CASE**

A fee of **\$75.00** must be paid at the time of filing a Complaint–Motion for Parenting Time must be paid. Personal checks are not accepted.

## **SERVICE BY PUBLICATION FEES**

You do not need to fill out this application unless you do not know the address of the other parent or legal custodian of the child. Please note below there is additional **\$25.00** filing fee for service by publication.

## **PARENT QUESTIONNAIRE & INFORMATION SHEET**

The Court is being asked to deal with society's most prized possession: children. Therefore, we need to have as much information as possible. Incomplete forms will not be accepted.

## **PREPARING FOR THE HEARING**

1. Be prepared for the hearing. Dress appropriately as you would for a job interview.
2. Be prepared to tell the Judge in clear simple terms why you want custody and why it is in the best interest of the child(ren) for you to have custody. This is the only chance you will have to present the facts, so make sure you include everything. It would be helpful if you made written notes prior to the hearing, outlining the reasons you have so that you will have something to remind yourself when you testify.
3. Very important: this is not the time to tell the Judge everything that the other party has done that you disagree with or that has hurt or angered you. The Judge will only want to hear evidence you have that shows or supports your request.
4. At the hearing you may be asked questions by the Judge or by the other party or by an attorney. Be directly responsive to the questions. Listen to the questions and make sure you provide the information you are asked for. If you do not understand the question or are not sure what you are being asked, you have the right to have the question explained to you before answering it.

### **DISCLAIMER**

**THESE FORMS ARE REQUIRED IN ORDER FOR YOU TO MAKE A REQUEST FOR CUSTODY.**

**THEY ARE NOT INTENDED TO BE A LEGAL ANALYSIS OF YOUR REQUEST OR WHETHER YOU MIGHT BE SUCCESSFUL IN YOUR COMPLAINT/MOTION, BUT MERELY TO ASSIST YOU IN PREPARING AND PRESENTING YOUR REQUEST.**

**YOU SHOULD REVIEW THIS AND ANY OTHER LEGAL PAPERS WITH YOUR ATTORNEY BEFORE YOU PROCEED. THERE IS NO GUARANTEE THAT WHAT YOU ARE ABOUT TO FILE WILL BE SUCCESSFUL AND THE COURT MAKES NO REPRESENTATIONS ON WHAT LEGAL EFFECTS THIS MAY HAVE ON ISSUES LIKE GOVERNMENT ASSISTANCE, RESIDENCY, CITIZENSHIP, SCHOOL DISTRICTS, ETC.**

**STATE OF OHIO, WARREN COUNTY  
COMMON PLEAS COURT  
JUVENILE DIVISION**

IN THE MATTER OF:

\_\_\_\_\_, )  
(Full Legal Name of Child) )  
a minor. )  
DOB: \_\_\_\_\_ )

Case No. \_\_\_\_\_

**COMPLAINT / MOTION  
FOR PARENTING TIME**

- This child has **NO** other case (whether open or closed) in any other court.
- This child **HAS** a prior case (whether open or closed) in the following court: \_\_\_\_\_

Now comes \_\_\_\_\_, natural \_\_\_\_\_ of the minor child in the above action, pursuant to O.R.C. 3109.12, and requests an Order of reasonable companionship or parenting time with the minor child named in the caption of this complaint.

The father of the minor child has acknowledged the child pursuant to R.C. 2105.18 or has been determined to be the father in an action under R.C. Chapter 3111.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number

**TO THE CLERK:**

Please serve the individuals listed on the Request for Service form at their addresses by \_\_\_\_\_ (what type of service you're requesting: certified mail, residential, process server), at the address listed on the request for service form.

\_\_\_\_\_  
Petitioner



7. The other court or administrative cases involving this child, if they exist, are as follows:

<u>Court Type</u>	<u>County</u>	<u>Approx. Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. The following person(s) have a legal right to pay child support for this child or has been given custody or parenting time:

<u>Name</u>	<u>Relationship</u>	<u>Custody/Support/Parent Time</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Petitioner

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public/Deputy Clerk

# APPLICATION FOR CHILD SUPPORT SERVICES

## NON-PUBLIC ASSISTANCE APPLICANT/RECIPIENT

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

I, the undersigned, \_\_\_\_\_, request child support services from the Warren 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 and no other Ohio county has jurisdiction over support – OR – I am requesting services from the Ohio county of jurisdiction.
- B. The only fee that can be charged for services is one dollar application fee.
- C. Recipients of child support services shall cooperate to the best of their ability with the CSEA. (*See attached right and responsibility information*).
- 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.

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 of 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 order (*adjustment*), and to establish a medical support order.

**3. Enforcement of Existing Orders.**

The CSEA can help you collect current and past-due child support.

**4. Federal and State Income Tax Refund Offset Submittals for the Collection of Child Support Arrearages.**

The agency can collect past-due support (*arrearages*) by intercepting a payor's federal and state income tax refunds in 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 past-due 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. Past-due support collected will be paid to you until all of the past-due support you are owed is paid.

**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.



**APPLICANT INFORMATION (INFORMATION ABOUT YOU)**

Name (Last, First, Middle)	Date of Birth
Complete Address (Street/Route, PO Box)	Your Contact Information (phone number, email address)
Social Security Number (SSN)	Current Marital Status (Check One) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Relationship to Child(ren)	Prior Military Service (Branch/Date)
Ever been on Public Assistance? (when and where)	
Employer's Name	Employer's Phone Number
Employer Complete Address	Is Medical Insurance Available?

**INFORMATION ON CHILDREN**

	Child #1	Child #2	Child #3	Child #4
Name				
Sex				
Race				
Social Security No.				
Date of Birth				
Location of Birth				
Name(s) of Absent Parent				
Has Paternity (Fatherhood) been established?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an Order for Support (Yes or No)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the child covered by Medical Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, what company?				

**ABSENT PARENT INFORMATION OR PARENT TO PAY CHILD SUPPORT**

	Absent Parent #1	Absent Parent #2	Absent Parent #3
Name (and alias)			
Address: City, State, Zip Code			

	Absent Parent #1	Absent Parent #2	Absent Parent #3
Social Security Number			
Date of Birth (DOB)			
Location of Birth			
Race			
Sex			
Height / Weight			
Hair / Eye Color			
Identifying Marks (tattoos, scars, etc.)			
Names of Children			
Name & Address of Employer City, State, Zip Code			
Employer Phone No.			
Medical Insurance Provided?			
Support Order?			
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 Brand Entered			
Arrest Record: Give Date and Place of Arrest			
Ever incarcerated? (location and dates)			
If the absent parent has been on the Public Assistance: Give Date and Place			
Give Name and Address of Current Spouse of Absent Parent			
Father's Name			
Mother's Name			

HAVE YOU EVER BEEN ON PUBLIC ASSISTANCE?  Yes  No

When \_\_\_\_\_ Where \_\_\_\_\_

Date \_\_\_\_\_ City and State \_\_\_\_\_ County \_\_\_\_\_

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 service (IV-D Services).

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

<b>(Do Not Write In This Space)</b>		<b>FOR AGENCY USE ONLY</b>	
Case Name	Dated Requested	Date Mailed or Provided	
Case Number		Dated Returned or File Date	

**STATE OF OHIO, WARREN COUNTY  
COMMON PLEAS COURT  
JUVENILE DIVISION**

IN THE MATTER OF: \_\_\_\_\_ ) Case No. \_\_\_\_\_  
\_\_\_\_\_ )  
Custody Proceeding. ) **WAIVER and CONSENT**

\*\*\*\*\*

Now comes \_\_\_\_\_, who is related to the minor child as follows: \_\_\_\_\_, hereby WAIVES formal service of the complaint and AGREES to the relief requested therein. He/she understands his/her right to counsel at these proceedings and also understands his/her right to be present and to offer evidence and the undersigned acknowledges these rights and VOLUNTARILY AGREES TO WAIVE SAME.

The undersigned also states the following:

DOB: \_\_\_\_\_

Drivers License No. \_\_\_\_\_

Home Address: \_\_\_\_\_.

Employer Name: \_\_\_\_\_.

Employer Address: \_\_\_\_\_.

Gross Annual Income: \$ \_\_\_\_\_

Health Insurance is \_\_\_\_\_ is not \_\_\_\_\_ available for subject minor child at of cost of \$ \_\_\_\_\_ per year.

Other Natural Children in My Custody: \_\_\_\_\_  
\_\_\_\_\_

Other Natural Children Paying Support For: \_\_\_\_\_

Monthly Amount of Support: \$ \_\_\_\_\_. Case No.: \_\_\_\_\_

State/County/Child Support Enforcement Agency: \_\_\_\_\_

\_\_\_\_\_The undersigned states that there ARE NO OTHER ORDERS from any other courts affecting custody, support, or visitation of this minor child.

\_\_\_\_\_The undersigned states that there ARE OTHER court orders affecting the custody, support, or visitation of this minor child; which orders are as follows:

State/County of Orders: \_\_\_\_\_

Type of Court (Domestic Relations/Juvenile/etc.):

\_\_\_\_\_ Case No. \_\_\_\_\_

Date of Orders:\_\_\_\_\_

\_\_\_\_\_Copies of the Orders are attached.

**STATE OF OHIO, WARREN COUNTY, SS:**

\_\_\_\_\_, being first duly sworn, says that the information contained herein is true to the best of his/her knowledge.

\_\_\_\_\_  
Affiant

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public/Deputy Clerk

**STATE OF OHIO, WARREN COUNTY  
COMMON PLEAS COURT  
JUVENILE DIVISION**

**REQUEST FOR SERVICE**

In the Matter of: \_\_\_\_\_ ) Case No. \_\_\_\_\_  
\_\_\_\_\_ )

**TO THE CLERK:**

Please serve a copy of the Complaint/ Motion for Parenting Time along with supporting documents by:

- \_\_\_\_\_ Certified Mail
- \_\_\_\_\_ Publication (Affidavit must be attached)
- \_\_\_\_\_ Other (specify below)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

on the following persons:

<u>Name</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**AFFIDAVIT FOR PUBLICATION**

**STATE OF OHIO, WARREN COUNTY, SS:**

The undersigned affiant, after being duly cautioned and sworn; for the purposes of seeking service by publication pursuant to Rule 4.4 of the Ohio Civil Rules, states as follows:

1. That he/she does not know the address of the other party to this case, namely  
\_\_\_\_\_.
  
2. That he/she has used reasonable diligence in trying to locate the individual named above and has been unsuccessful in the attempts.
  
3. That, in trying to locate the individual, the undersigned has taken the following step (give particularized detail of the steps taken to locate the individual):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Further affiant sayeth naught.

\_\_\_\_\_  
Affiant

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public/Deputy Clerk

ANDREW L. SIEVERS  
JENNA L. SEITZ  
JEFFREY W. STUEVE  
Magistrates

**JOSEPH W. KIRBY, JUDGE**  
**Warren County Common Pleas Court**  
**Probate Juvenile Division**  
**900 Memorial Drive • Lebanon, Ohio 45036**



LAURA A. SCHNECKER  
Court Administrator

MEGAN M. DAVENPORT  
Staff Attorney/ Magistrate

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**In the Matter of:** \_\_\_\_\_

**Case No:** \_\_\_\_\_

**RE: Contact Information of All Interested Parties**

**Name & Relationship to Child:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Name & Relationship to Child:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Name & Relationship to Child:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Name & Relationship to Child:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Name & Relationship to Child:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

Email Address: \_\_\_\_\_

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Probate Division  
513.695.1180  
513.695.2945 (Fax)

Juvenile Division  
513.695.1160  
513.695.2948 (Fax)

Detention Center  
513.695.1393  
513.695.1394 (Fax)

Mary Haven  
513.695.1366  
513.695.1839 (Fax)



# PARENT QUESTIONNAIRE & INFORMATION SHEET

In the Matter of: \_\_\_\_\_

Case No: \_\_\_\_\_

## A. PARTIES:

<i>Mother's Name</i>		
<i>Street address</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Home phone</i>	<i>Cell phone</i>	
<i>Please list highest grade completed and/or any specific training you may have received:</i>		
<i>Name and address of current employer:</i>		
<i>Current work hours and days:</i>	<i>Starting date:</i>	
<i>List all other jobs held during the past 3 years, beginning with the most recent, Including dates of employment:</i>		
<i>Your Attorney's Name</i>	<i>Phone</i>	<i>Fax</i>
<i>Business address</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>

<i>Father's Name</i>
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<i>Street address</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Home phone</i>	<i>Cell phone</i>	
<i>Please list highest grade completed and/or any specific training you may have received:</i>		
<i>Name and address of current employer:</i>		
<i>Current work hours and days:</i>	<i>Starting date:</i>	
<i>List all other jobs held during the past 3 years, beginning with the most recent, Including dates of employment:</i>		
<i>Your Attorney's Name</i>	<i>Phone</i>	<i>Fax</i>
<i>Business address</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>

**B. CUSTODY:**

Is there a Court Order for custody?

<i>No</i>	<i>Yes</i>
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Are you requesting Shared Parenting?

<i>No</i>	<i>Yes</i>
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Have you filed a Shared Parenting plan?

<i>No</i>	<i>Yes</i>
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Have you filed for custody?

<i>No</i>	<i>Yes</i>
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What are your feelings with regard to your child's other parent having custody/visitation? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**C. FINANCES and CHILD SUPPORT:**

Are you on any form of government assistance?	No	Yes	If so, what kind?
Is there a court order for child support for child(ren) of this filing?	No	Yes	If so, who pays the support:
Is child support being paid without a Court Order?	No	Yes	
What is the amount per child per month?			
Is this amount paid or received on a <u>regular</u> basis?	No	Yes	

**D. HEALTH:**

	Poor	Fair	Good	Excellent	Are there any physical problems? Please describe:
<i>You</i>					
<i>Other parent</i>					
Are you or your child's other parent currently under the care of a physician, psychiatrist, or psychologist?	<i>You:</i>		No	Yes	<i>If so, please provide the following information:</i>
	<i>Other parent:</i>		No	Yes	
<i>Their name</i>	<i>phone #</i>		<i>address</i>		
If you are currently on any kind of prescription drug, (1) please list what drug you are prescribed; and (2) the name of the doctor who prescribed the medication:					
Have you or your child's other parent ever been institutionalized for any reason?	<i>You:</i>		No	Yes	<i>If so, please provide the following information:</i>
	<i>Other parent:</i>		No	Yes	
<i>Doctor's name</i>	<i>phone #</i>		<i>Institution name and address</i>		
Do you drink alcohol?	No	Yes	<i>If yes, how often?</i>		
Does your child's other parent?	No	Yes	<i>If yes, how often?</i>		
Have you ever abused drugs?	No	Yes	<i>If yes, please give full explanation:</i>		
Has your child's other parent ever abused drugs?	No	Yes	<i>If yes, please give full explanation:</i>		

**E. HOME IN WHICH YOU CURRENTLY RESIDE:**

Type of dwelling:	Number of bedrooms:
<i>Names of other persons living in the home:</i>	<i>Relationship:</i>

**F. YOUR CHILDREN:**

<i>Name of Child</i>	<i>Sex</i>	<i>Date of Birth</i>	<i>Residing with:</i>	<i>Ξ If Emancipated</i>

**OTHER CHILDREN WHO RESIDE WITH YOU:**

<i>Name of Child</i>	<i>Sex</i>	<i>Date of Birth</i>	<i>Residing with</i>

Do you have custody?

Are you requesting child support?

How much? \_\_\_\_\_

<i>No</i>	<i>Yes</i>
<i>No</i>	<i>Yes</i>

Describe the child(ren)'s relationship with you and with his other parent:

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What are the babysitting/day care arrangements?

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If you feel your child(ren) has/have any physical or emotional problems or school issues which must be considered, please describe:

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Have any other parties or your child's other parent made allegations of physical or sexual abuse against you in regard to the child(ren)? If so, please explain:

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Do you have any reason to believe your child's other parent has been physically or sexually abusive toward the child(ren)? If so, please explain:

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Have the children ever been abused or neglected?  No  Yes

Were the police, Children Services, or Juvenile Court ever contacted?  No  Yes

If so, what agency, and in which county?

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Please list the names of the workers that you have been involved with at Children Services or Juvenile Court and describe the incident:

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Please describe any conflict areas in your parenting styles; such as: differences in child rearing philosophy, discipline, religion, communication, hygiene, etc.:

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## G. VISITATION

Is there a court order for visitation at this time?	<i>No</i>	<i>Yes</i>
Do you have visitation periods with the child(ren) on a regular basis?	<i>No</i>	<i>Yes</i>
<b><u>What amount of time do you spend with the child(ren)?</u></b>		
What amount of time does your child's other parents spend with the child(ren)?		
Have you ever denied your child's other parent contact with the child(ren)?	<i>No</i>	<i>Yes</i>
<i>If so, please explain:</i>		
Have you been denied contact with the child(ren)?	<i>No</i>	<i>Yes</i>
<i>If so, please explain:</i>		

## H. LEGAL MATTERS

Have either you or your child's other parent ever been convicted of a crime, been on probation, or had criminal charges against them (past or present)?	<i>You</i>	<i>No</i>	<i>Yes</i>	<i>If so, please describe and list the charges, below:</i>
	<i>Other parent</i>	<i>No</i>	<i>Yes</i>	
Is there a Civil or Criminal Protection Order against:	<i>You?</i>	<i>No</i>	<i>Yes</i>	
	<i>Other parent?</i>	<i>No</i>	<i>Yes</i>	
<i>Has any form of violence or threat of violence ever occurred in your relationship with the other party?</i>				
<i>No</i>	<i>Yes If so, when?</i>			
<i>Describe any injuries:</i>				
Are there any Domestic Violence Charges now pending against:	<i>You?</i>	<i>No</i>	<i>Yes</i>	
	<i>Other parent?</i>	<i>No</i>	<i>Yes</i>	
Are there any ___ Criminal Charges, or ___ Civil Cases pending against:	<i>You?</i>	<i>No</i>	<i>Yes</i>	
	<i>Other parent?</i>	<i>No</i>	<i>Yes</i>	
<i>If so, where:</i>	<i>Briefly describe:</i>			

**I. ADDITIONAL REMARKS:**

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*I hereby affirm that the information I have stated herein is the truth to the best of my knowledge.*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature