

MOTION FOR CHILD SUPPORT

GENERAL INFORMATION

This Motion for Child Support Packet 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. If you are seeking child support for more than one child, you must submit a packet **for each child**. 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.

MOTION FOR CHILD SUPPORT

This is the basic document which asks the Court to establish a child support order for the child involved. This form must be filled out completely. The child's name must be inserted at the top left of the first page. DO NOT fill in the Case Number, as this will be supplied by the Clerk of Courts. If there are any other court cases or administrative cases which affect the child you must attach copies of these as well.

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.

EMPLOYMENT/HEALTH INSURANCE INFORMATION SHEETS

These forms must be filled out for each parent and/or person seeking to establish a child support order. If you do not have this information you must make a diligent attempt to obtain it. If you still cannot ascertain the necessary information you must indicate this on the form(s).

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.

REQUEST FOR SERVICE

You must have a valid address for the other party in order to obtain proper service of your Motion. The 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. 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 INFORMATION/REQUIREMENTS

COMPLAINT–MOTION FOR CUSTODY: NEW CASE

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

COMPLAINT-MOTION FOR CUSTODY: EXISTING CASE

A fee of **\$75.00** must be paid at the time of filing a Motion for Child Support must be paid. Personal checks are not accepted.

AFFIDAVIT FOR 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.

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 child support. 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 CHILD SUPPORT.

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:

_____, a minor.
(Full Legal Name of Child)

Date of Birth: _____

Petitioner/ Obligee's Full Legal Name

Case No. _____

Date of Birth: _____

Street Address

**MOTION FOR
CHILD SUPPORT**

City, State, Zip code

Vs.

Respondent/ Obligor's Full Legal Name

Date of Birth: _____

Street Address

City, State, Zip code

Caretaker/ Custodian/ Petitioner, _____, moves the
Court for an Order establishing Child Support for the Minor Child named herein.

1st Petitioner's Signature

Print or Type Name

Street Address

City / State/ Zip

Date of Birth

Cell Number

Email Address

2nd Petitioner's Signature

Print or Type Name

Street Address

City / State/ Zip

Date of Birth

Phone Number

Email Address

Attorney's Signature

Print or Type Name

Street Address

City / State / Zip

Attorney Registration Number

Office/ Cell Number

Fax Number

Email Address

MOTION FOR CHILD SUPPORT AFFIDAVIT

STATE OF OHIO, WARREN COUNTY, SS:

Now comes _____, and after being duly cautioned and sworn, states the following:

1. The information contained herein pertains to the following minor child: _____

Date of Birth: _____

2. Petitioner(s) relationship to subject minor child is:

_____.

3. Subject minor child currently resides with:

_____ at

_____.

4. The child has resided there since _____.

5. The former residence of subject child was with:

_____ at

_____.

6. For the past two years the child has resided as follows:

<u>With</u>	<u>Address</u>	<u>From</u>	<u>To</u>
_____	_____	_____	_____

_____	_____	_____	_____

_____	_____	_____	_____

7. There are no other court or administrative cases which concern this child, or, if there are, you **MUST** supply the details as follows (including the establishment of paternity):

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

8. That any persons having a legal right to pay child support or to exercise custody or visitation are as follows:

<u>Name</u>	<u>Relationship</u>	<u>Custody/Support/Visitation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. That he / she HAS / HAS NOT (circle one) been convicted of, or has pled guilty, to a charge involving neglect, abuse, abandonment, or violence towards a child or an adult. If so, the details are as follows: _____
- _____
- _____.

 Petitioner

Sworn to before me and subscribed in my presence this _____ day of _____, _____.

 Notary Public

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

In the Matter of: _____

Case No: _____

RE: Contact Information of All Interested Parties:

Name & Relationship to Child: _____

Address: _____

Cell Number: _____

Email Address: _____

Name & Relationship to Child: _____

Address: _____

Cell Number: _____

Email Address: _____

Name & Relationship to Child: _____

Address: _____

Cell Number: _____

Email Address: _____

Name & Relationship to Child: _____

Address: _____

Cell Number: _____

Email Address: _____

Name & Relationship to Child: _____

Address: _____

Cell Number: _____

Email Address: _____

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)

EMPLOYMENT INFORMATION SHEET

1st Petitioner's Name: _____

1st Petitioner's Employer: _____

1st Petitioner's Employer's Address: _____

2nd Petitioner's Name: _____

2nd Petitioner's Employer: _____

2nd Petitioner's Employer's Address: _____

Other Sources of Income: _____

Hourly Rate of Your Wage: _____

Salary Rate of Your Job: _____

Annual Gross Income: _____

Are you a Self-employed/Independent Contractor? _____ Yes _____ No

HEALTH INSURANCE INFORMATION SHEET

Child's Name: _____

_____ The child **does** have health insurance.

_____ The child **does not** have health insurance.

_____ The child will have health insurance coverage within _____ days.

Health Insurance Company: _____

Health Ins. Co. Address: _____

Policy No.: _____

Primary Insured Name: _____

Address of Primary Insured: _____

Cost of Single Coverage: \$ _____ per year.

Cost of Family Coverage: \$ _____ per year.

Persons Covered by Policy: _____

Type of Coverage: Deductible _____/year _____/child

Co-pay _____/visit _____/year

Medical/Hospital: _____

Optical: _____

Dental: _____

Orthodontic: _____

Psychiatric/Psychological: _____

Coverage provided by: (mother/father/etc.) _____

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			
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			

	Absent Parent #1	Absent Parent #2	Absent Parent #3
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 _____

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

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