

INSTRUCTIONS

FOR USE ON *MOTION FOR CONTEMPT* FOR

(1) INTERFERENCE WITH PARENTING / VISITATION ORDERS

and/or

(2) FAILURE TO PAY CHILD SUPPORT

GENERAL INFORMATION

This *Motion for Contempt* 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. These forms are being provided for you as a convenience. They are not a substitute to you having legal advice; therefore, you may wish to consult with an attorney prior to filing.

No one at the Court is permitted to give you legal advice, fill out the forms for you, or tell you how the forms are to be completed.

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.

REQUEST FOR SERVICE

If any parent of the child or any person having rights to custody or visitation is not in agreement with all aspects of the motion for contempt, a request for service 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 other than certified mail, you must make prior arrangements with the process server. You may be charged additional costs for these services.

SUMMONS

You do not need to fill this form out. Upon filing of the motion for contempt the Clerk of Courts will assign a court date. Please mark this date on your calendar. You are expected to be prompt and dress appropriately, meaning no shorts, cutoffs, tank tops, etc.

APPLICATION FOR CHILD SUPPORT SERVICES

This form must be filled out and will be sent to the Warren County Child Support Enforcement Agency (CSEA). This form does not obligate you to accept CSEA services and is required by law in any custody, visitation, or support case. Please fill out the form completely and sign at the bottom of the second page. Questions regarding this form should be directed to the CSEA at 513.695.1580.

OTHER REQUIREMENTS

At the time of filing, a fee of \$75.00 must be paid (plus service fees if personal service is requested). Personal checks are not accepted.

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

IN THE MATTER OF:

A Minor		
Name	:	
Street Address	:	Case No. _____
City, State and Zip Code	:	Judge <u>Joseph W. Kirby</u>
Plaintiff/Petitioner	:	Magistrate _____
vs.	:	
Name	:	
Street Address	:	
City, State and Zip Code	:	
Defendant/Petitioner	:	

Instructions: This form is used to request the enforcement of a court order and hold the other party in contempt for violating the court order.

MOTION FOR CONTEMPT AND AFFIDAVIT

I, _____ (name), request an order for _____ (other party's name) to appear and show cause why he/she should not be held in contempt for violating a court order and a finding of contempt for violating the court order regarding the following (check all that apply):

1. Interference with parenting time or other parenting orders filed on _____ (date).
2. Failure to pay child support, as required by the order filed on _____ (date) and the total arrearage owed is \$ _____
(Bring to the hearing an up-to-date printout from the County Child Support Enforcement Agency showing the amount of the child support owed to you.)
3. Failure to pay spousal support, as required by the order filed on _____ (date) and the total arrearage owed is \$ _____
(Bring to the hearing an up-to-date printout from the County Child Support Enforcement Agency or other independent proof showing the amount owed to you.)
4. Payment or reimbursement of health care expenses incurred for the minor child(ren). Attach an Explanation of Health Care Bills and bring to the hearing the following documents:

- a. Copies of each bill for which you seek reimbursement;
- b. Proof of payment by you. Proof of payment may include a receipt for payment signed by the health care provider, a copy of a cancelled check, or a copy of a credit card statement verifying the amount paid; and
- c. Explanation of Benefits forms showing payment made by the health insurance carrier.

5. Costs and any other relief as necessary and proper are also requested.

Your Signature

Telephone number at which the Court may reach you or
at which messages may be left for you

OATH (Do not sign until Notary is present.)

I, _____ (name), swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

Your Signature

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

Notary Public

My Commission Expires: _____

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

IN THE MATTER OF:

A Minor

Name

: Case No. _____

Street Address

: Judge Joseph W. Kirby

City, State and Zip Code

Plaintiff/Petitioner

: Magistrate _____

vs./and

Name

Street Address

City, State and Zip Code

Defendant/Petitioner

Instructions: This form is used to bring the other party to Court to defend his/her failure to follow the court order. A Motion for Contempt and Affidavit must be filed with this order.

SHOW CAUSE ORDER, NOTICE AND INSTRUCTIONS TO THE CLERK

TO: _____
PLAINTIFF/PETITIONER

TO: _____
DEFENDANT/PETITIONER

You are hereby ORDERED to appear and show cause why you should not be held in contempt for failure to obey the court order as described in the Motion you are now receiving.

COURT

(The Court will complete this part.)

You are ORDERED to appear in
the

County Common Pleas Court

Division, in Courtroom _____

located at _____

on _____ at _____ o'clock and show cause why you
should not be held in contempt of this Court.

NOTICE

1. Failure to appear as ordered may result in the issuance of a bench warrant for an immediate arrest.
2. Failure to appear may result in an immediate income withholding or deduction.
3. You have the right to be represented by an attorney.
4. If you cannot afford an attorney, you must apply for a public defender or appointed counsel, as appropriate, within three business days after receipt of this show cause order.
5. A continuance may not be granted to obtain counsel if you have made no good faith effort to secure one.
6. If found guilty, you may be sentenced as follows:
 - a. First offense – a fine of not more than \$250.00 and/or a definite term of imprisonment of not more than thirty days in jail or both.
 - b. Second offense – a fine of not more than \$500.00 and/or a definite term of imprisonment of not more than sixty days in jail or both.
 - c. Third offense – a fine of not more than \$1,000.00 and/or a definite term of imprisonment of not more than ninety days in jail or both.

JUDGE/MAGISTRATE

INSTRUCTIONS TO THE CLERK

You are directed to serve this Order along with the Motion for Contempt and Affidavit to the

Defendant/Petitioner or Plaintiff/Petitioner by:

Certified Mail, Return Receipt Requested

Issuance to Sheriff of _____ County, Ohio for Personal or Residence service

Other (specify) _____

Your Signature

Warren County Common Pleas Court Juvenile Division

Name of Child: _____ Case No. _____

Instructions: This form is used when you are claiming the other party has not paid health care bills. **Use a separate form for each child.** A Motion for Contempt and Affidavit and a Show Cause Order, Notice and Instructions to the Clerk must be filed. You must bring copies of health care bills, Explanation of Benefits forms, and proof of payment to the hearing. Be prepared to indicate the amount owed to you, service providers, collection agencies, or other entities. **If more space is needed, add additional pages.**

EXPLANATION OF HEALTH CARE BILLS

<u>Date of Treatment</u>	<u>Name of Service Provider (e.g., Doctor, Dentist, Therapist, Hospital) & Services Provided</u>	<u>Total Bill</u>	<u>Date Bill Sent to Other Party</u>	<u>Amount Insurance Paid</u>	<u>Amount You Paid</u>	<u>Amount Paid by Other Party</u>	<u>Amount of Unpaid Bill</u>	<u>Amount Due from Other Party</u>

Your Signature Date

Total Amount of Claim \$ _____

CAROLYN A. DUVELIUS
Chief Magistrate

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



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: _____

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)