

CUSTODY MOTION

Attached is a pro se form for petition of custody or modification of custody. These instructions are intended to be a general guide to help you get the forms filled out, filed with the Court and to get your motion properly before the Court. The instructions are not intended to be a legal analysis of your motion or whether or not your motion will be granted, but merely to assist you in preparing and presenting your request.

FILLING OUT THE FORMS

You should fill out these forms before you go to the Courthouse to file them. Other than telling you the time and date of the hearing, the Court staff will **NOT** help you in completing these forms.

You **WILL NEED** a separate motion for each child.

A deposit (for each motion) for Court costs **MUST** accompany this motion. The deposit amount is **\$150.00**. However, if service is requested by a sheriff, out of county sheriff or by publication, additional costs will be necessary. Payment may be in the form of cash, check, money order or by credit card (Visa/MasterCard/Discover/American Express).

Should you need assistance in completing this motion, feel free to contact Southeastern Ohio Legal Services at 100 North Third Street, Steubenville, Ohio 43952 (telephone number 740-283-4781 or toll free 1-800-837-4781).

The Belmont County Bar Association legal clinic is held on every other month, the second Wednesday of that month beginning at 5:30 o'clock P.M. You may contact the Grace Church at (740) 633-2699.

The form titled **MOTION /PETITION FOR ALLOCATION OR REALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES** needs the following lines filled out:

- a. the minor child's name and date of birth.
- b. Leave the case number line blank as the case number will be given by the Court staff at the time of filing at the Court.
- c. The mother's full name, address and telephone number.
- d. The father's full name, address and telephone number.
- e. Check mark the box which applies to your case either for custody (which means you want custody); modification / change of custody (which means you want to change the previous Court custody order) or agreed (which means that ALL parties and/or legal custodians are in agreement to a change of custody).
- f. At #1 fill in your name and relationship to child (i.e.: uncle, aunt, grandparent, etc)
- g. At #2 fill in the mother's full name.
- h. At #3 fill in the father's full name.
- i. At #4 state the name of the child's legal custodian / guardian
- j. At #5 state the name of the Court along with the address, county and state of the Court which issued the custody order and attach a copy of said custody order to the motion

- k. At #6, state the name of who the child is currently residing with and state the reason why the child is residing with that person
- l. At #7 state the reasons you are requesting custody and/or modification (change) of custody) in detail
- m. At #8 check this box one (1) of the boxes regarding if the child is a ward of another Court or not and then list the other Court's name and address if appropriate
- n. At #9 check mark one of the boxes regarding if the parents are married.
- o. At #10 check mark one of the boxes regarding if the parents are divorced and then list the Divorce Court's name and address and divorce case number.
- p. In front of a notary public, sign this document and include your name and telephone number.

The form titled **INSTRUCTIONS FOR SERVICE** needs the following lines filled out:

- a. list the name of the person(s) who need notified of this motion and hearing.
Please NOTE: that if you are filing a waiver and consent to custody that those person (s) do not need notified of the hearing.
Please NOTE: that as the petitioner (person filing the custody) you will receive a judgment entry with the hearing date on it; you do not need to list your name and address as a person to be notified of this filing.
- b. list the address of the person(s) who need notified of this motion and hearing
Please NOTE: that additional costs are ordered if service is requested by a sheriff on a person(s) who resides outside of this county or service by publication.
- c. sign this document

The form titled **AFFIDAVIT CHILD CUSTODY INFORMATION** needs the following lines filled out:

- a. list your name on the first line
- b. list the full name of the minor child
- c. At #1 list the name and address of person(s) child has resided with along with the dates when child resided with the person(s)
- d. At #2, #3, #4, #5 check mark one of the boxes then if necessary list the other Court's name and address and case number.
- e. In front of a notary public, sign this document and include your name and telephone number.

The form titled **APPLICATION FOR CHILD SUPPORT SERVICES, NON –PUBLIC ASSISTANCE APPLICANT / RECEIPIENT** must be filled out as stated on this form. This form **MUST** be completed to the best of your ability and filed with the motion / petition for custody.

IN THE COURT OF COMMON PLEAS, BELMONT COUNTY, OHIO
JUVENILE DIVISION

In the Matter of:

Case No. _____

(Minor child's name)

_____/_____/_____
(Minor child's date of birth)

(Mother's name)

(Mother's address)

(Mother's telephone)

(Father's name)

(Father's address)

(Father's telephone)

**MOTION /PETITION FOR
ALLOCATION OR
REALLOCATION OF
PARENTAL RIGHTS AND
RESPONSIBILITIES
(CUSTODY)**

***Judge J. Mark Costine
Magistrate Amy Busic***

I am requesting the following: CUSTODY.
 MODIFICATION OF CUSTODY.
 AGREED CUSTODY.

1. I am _____ to the minor child.
(state your name and relationship to child)

2. The natural mother of the minor child is _____.

3. The natural father of the minor child is _____.

4. The legal custodian / guardian of the minor child is: _____

5. The custody of the child was granted to the legal custodian / parent by: *(list the name, county, state and address of the Court that issued the custody order and attach a copy of said custody order if you have one:* _____

-
-
6. The minor child is currently residing / living with _____ for the
(name of who child is residing with)
following reasons: _____

7. It is in the best interest of the child that I be granted custody or modification of custody
for the following reasons (please give specific details): _____

_____.
8. The child
- a.) **IS** a ward of another Court in Ohio or any other State. If so, please state which
Court and where Court is located: _____
_____.
- b.) **IS NOT** a ward of another Court in Ohio or any other State.
8. The parents of the child **ARE** **ARE NOT** married.
9. The parents of the child **ARE** **ARE NOT** divorced. If divorced, please state the
Court's name and address, and that Court's case number _____

_____.

Wherefore, I hereby request that I be named residential parent and sole custodian of the above minor child.

A hearing is requested to enable me to establish these facts as true.

Respectfully submitted,

Signature of Petitioner (person wanting custody)

Address

City State Zip Code

Telephone number

Sworn to and subscribed before me this _____ day of _____, 20____.

NOTARY PUBLIC

My Commission expires _____

INSTRUCTIONS FOR SERVICE

TO THE CLERK OF THE JUVENILE COURT:

Please serve: _____
at the following address _____

Also please serve (if necessary) _____
At the following address _____

Also please serve (if necessary) _____
At the following address _____

a copy of the motion and notice of hearing/Mediation hearing by CERTIFIED MAIL, RETURN RECEIPT REQUESTED. Should service fail, please notify me so a better address may be found.

Thank you.

Signature of Petitioner (person wanting custody)

IN THE COURT OF COMMON PLEAS, BELMONT COUNTY, OHIO
JUVENILE DIVISION

In the Matter of:

(Minor child's name)
_____/_____/_____
(Minor child's date of birth)

Case No. _____

AFFIDAVIT
CHILD CUSTODY
INFORMATION

_____, being duly sworn, states as follows concerning the reallocation of parental rights and responsibilities of the minor child in this action to-wit: _____.
(minor child's full name)

1. Beginning with the child's present address, please state the places where the child has lived within the last five (5) years, the names and addresses of the persons the child has lived with during that period.

ADDRESS:

PERSON & DURATION OF STAY:

At: _____

with: _____
from: _____ to _____

At: _____

with: _____
from: _____ to _____

At: _____

with: _____
from: _____ to _____

2. I **HAVE** **HAVE NOT** participated as a party, witness, or in any other capacity in any other litigation concerning the custody of the child in this or any other state? If you have, please state which court, court's location and address, and that court's case number _____.

3. I **HAVE** **DO NOT HAVE** any information about any parenting proceeding concerning the child pending in a Court of this or any other state. If you have, please state which court, court's location and address and that court's case number: _____

_____.

4. I **KNOW** **DO NOT KNOW** of any persons to these proceedings who claim to have custody or visitation rights with respect to the child. If you know, please state that person's name, address and telephone number: _____

_____.

5. I **HAVE** **DO NOT HAVE** any information about whether or not a party to this proceeding has been convicted of or pled guilty to any criminal offense involving any act that resulted in a child being an abused child or a neglected child or in a case in which a child has been adjudicated an abused child or a neglected child to be the perpetrator of the abuse or neglect that was the basis of the adjudication. If you have, please state the name of the person, their address and telephone number as well as where the name of the Court and location of the court where proceeding was held

_____.

_____.

I understand that I have a continuing duty to inform the court of any parenting proceeding concerning this or any other state of which I obtain information during this proceeding.

Respectfully submitted,

Signature of Petitioner (person wanting custody)

Address

City State Zip Code

Telephone number

Sworn to and subscribed before me this _____ day of _____, 20____.

NOTARY PUBLIC

My Commission expires _____

APPLICATION FOR CHILD SUPPORT SERVICES

NON-PUBLIC ASSISTANCE APPLICANT

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 Belmont 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 (*arrears*) 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)	Current Marital Status (Check One) <input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Divorced <input checked="" type="checkbox"/> Separated <input type="checkbox"/> Deserted <input type="checkbox"/> Widowed

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	Child 4
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			

If one or both of the parents and or the current legal custodian agree to the custody motion, the attached document [**WAIVER OF SERVICE OF COMPLAINT AND SUMMONS, ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT CONSENT TO THE CUSTODY DECREE**] needs to be signed. This document needs to be signed by the mother, the father, the present legal custodian(s) in front of a notary public and filed with the motion / petition.

IN THE COURT OF COMMON PLEAS, BELMONT COUNTY, OHIO
JUVENILE DIVISION

In the Matter of:

(Minor child's name)
_____/_____/_____
(Minor child's date of birth)

Case No. _____

WAIVER OF SERVICE OF COMPLAINT AND SUMMONS
ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT
CONSENT TO THE CUSTODY DECREE

I / We, the undersigned, _____, of the child involved in this case, hereby voluntarily of my / our own free will and accord, waive service of summons and formal notice of hearing, and acknowledge that I / We have each received a copy of the Complaint for Custody by the petitioner(s) requesting that our child be placed in the petitioner(s) legal care and custody, subject to the continuing jurisdiction of the Court.

Further, I / We the undersigned, _____, of the child, being under no physical or mental disability, and without threat or promises having been made to me / us, I / We hereby voluntarily, of my / our own free will and accord, consent to the Court entering a custody decree, placing my / the child in the legal care and custody of the petitioner(s).

Signature of parent / mother

Signature of parent / father

Address

Address

City State Zip Code

City, State, Zip Code

Telephone number

Telephone number

Signature of current legal custodian(s)

Signature of current legal custodian(s)

Address

Address

City State Zip Code

City, State, Zip Code

Telephone number

Telephone number

STATE OF OHIO, COUNTY OF BELMONT, SS:

Before me a notary public came the aforementioned parent(s)/custodian(s) who being first duly cautioned and sworn did sign the foregoing document as the petitioner(s) free and voluntary act and deed this _____ day of _____, 20_____.

NOTARY PUBLIC

My Commission expires _____