

COURT OF COMMON PLEAS
PROBATE & JUVENILE DIVISIONS
HURON COUNTY

TIMOTHY L. CARDWELL JUDGE

2 East Main Street
Norwalk, OH 44857

Instruction Sheet for Pro Se Filing

1. Whether you are filing a new complaint or a motion in an existing case you must complete all forms in their entirety and to the best of your ability. Failure to complete and file all attached documents will result in your filing being returned to you with no action being taken. If this is a new case, a case number will be assigned.
2. If you are filing a new complaint or a motion in an existing case regarding custody and/or visitation you must also complete a child custody affidavit. The affidavit must be notarized prior to your bringing it to the court for filing.
3. If you are filing a new complaint or a motion in an existing case you must also complete a precipe for service.
4. Type or print your responses in blue or black ink.
5. If you are filing a new complaint, the filing fee will be \$175.00 at the time you file the complaint.
6. If you are filing a motion in an existing case, the filing fee will be \$100.00 at the time you file the complaint.
7. If the parents were not married when the child was born, paternity must be established. If paternity has been established, attach a copy of the order or acknowledgment. If paternity has not been established, indicate that in the space provided on the complaint/motion.
8. The complaint/motion shall be set for hearing by the Court. You shall receive a hearing notice in the mail. If your hearing notice is returned as undeliverable as addressed and you have not notified the Court of your new address, in writing, the complaint/motion shall be dismissed without further action.
9. If the hearing notice for another party is returned as undeliverable as addressed, you will be contacted for a new address. It is your responsibility to supply a good address in writing to the Court as soon as possible. If you do not do so, and complaint/motion is not served at the time of the hearing and the other party does not appear at the hearing, the motion/complaint will be dismissed without further action. All complaints shall be served on the parties by certified mail, unless service by the sheriff or process server is requested in writing. If you request personal service by the sheriff, additional costs will be assessed. If you want personal service a process server, it is your responsibility to make those arrangements.
10. If you are unable to supply the address because the other party's location is unknown to you, and cannot be found out with reasonable diligence, service by publication is provided for you in Juvenile Rule 16 (A). Because of the technical requirements and cost involved, the Court suggests that you consult with an attorney before pursuing this action.

HURON COUNTY JUVENILE COURT

Personal Identifiers Omission Form

Effective 1 July 2009

In the Matter of _____
Case Number _____

Pursuant to Rule 45(D)(2) of the Ohio Rules of Superintendence, when personal identifiers are omitted from a case document submitted to the Court for filing, the party who submitted the case document shall submit the omitted information on this form. This form is not a public record.

Plaintiff

Name: _____

Address: _____

Phone Number: _____

Social Security Number: _____ Date of Birth: _____

Defendant

Name: _____

Address: _____

Phone Number: _____

Social Security Number: _____ Date of Birth: _____

Child

Name: _____

Address: _____

Social Security Number: _____ Date of Birth: _____

Mother's Name: _____

Mother's Address: _____

Mother's Phone Number: _____

Mother's SSN: _____ Mother's DOB: _____

Father's Name: _____

Father's Address: _____

Father's Phone Number: _____

Father's SSN: _____ Father's DOB: _____

Child

Name: _____

Address: _____

Social Security Number: _____ Date of Birth: _____

Mother's Name: _____

Mother's Address: _____

Mother's Phone Number: _____

Mother's SSN: _____ Mother's DOB: _____

Father's Name: _____

Father's Address: _____

Father's Phone Number: _____

Father's SSN: _____ Father's DOB: _____

Child

Name: _____

Address: _____

Social Security Number: _____ Date of Birth: _____

Mother's Name: _____

Mother's Address: _____

Mother's Phone Number: _____

Mother's SSN: _____ Mother's DOB: _____

Father's Name: _____

Father's Address: _____

Father's Phone Number: _____

Father's SSN: _____ Father's DOB: _____

Other Personal Identifiers (including requested information above for additional children, and financial account numbers, employer and employee identification numbers):

HURON COUNTY COMMON PLEAS COURT – JUVENILE DIVISION

COMPLAINT FOR SUPPORT AND MEDICAL ORDER

CASE NO.: _____

PLAINTIFF'S NAME: _____

CHILD(REN)'S NAME(S): _____

VS.

DEFENDANT'S NAME: _____

Now come the plaintiffs herein and hereby state for their Complaint to Establish a Support and Medical order as follows:

1. Plaintiff, _____, is the mother/father, custodian and natural guardian of the minor child(ren), _____.
2. The child is residing with the plaintiff.
3. _____ (Child's name) brings this action by and through his/her mother/father and next of friend, _____.
4. The defendant, _____, is the natural mother/father of said minor child.
5. The plaintiff further states that it would be in the best interest of the minor for this Honorable Court to issue an Order for the payment of support for said child.
6. The defendant has failed to provide adequate support for said child.

WHEREFORE, the plaintiff requests that this Honorable Court issue an order directing the defendant to pay a reasonable amount for the support of said minor child plus administrative fees pursuant to Ohio statutory guidelines; to order the defendant to maintain medical insurance on behalf of said minor child; to order the defendant to share in the costs of all uninsured medical, dental, optical, psychiatric, psychological, and pharmaceutical expenses of said minor child; to order the defendant to pay costs of this action; and for such other and further relief as this Honorable Court deems just and equitable.

X _____
Plaintiff's Signature

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

Deputy Clerk/Notary Public

PRAECIPE

TO THE CLERK:

Please serve the foregoing Complaint on the Defendant, _____, by certified mail, return receipt requested, at the address stated in the caption above, in accordance with Rule 4.1 of the Ohio Rules of Civil Procedure.

If the same should be returned “Unclaimed” or “Refused”, please cause a true copy of the foregoing Complaint to be served upon the Defendant at the address stated in the caption, by regular United States mail, pursuant to Rule 4.6 of the Ohio Rules of Civil Procedure.

X _____
Plaintiff's Signature

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

Plaintiff

:
: **Case No.** _____

v.

: **Judge Timothy L. Cardwell**

:
: **INFORMATION FOR PARENTING PROCEEDING
AFFIDAVIT (R.C. 3127.23(A))**

Defendant

NOTE: By law, an affidavit must be filed and served with the first pleading filed by each party in every parenting (custody/visitation) proceeding in this Court. Each party has a continuing duty while this case is pending to inform the Court of any parenting proceeding concerning the child(ren) in any other court in this or any other state. **If more space is needed, attach an additional page.**

I (full legal name) _____, being sworn according to law, certify these cases involve the custody of a child or children and the following statements are true:

1. I am requesting the court to not disclose my current address or that of the child(ren). My address is confidential pursuant to R.C. 3127.23(D) and should be placed under seal in that the health, safety, or liberty of myself and/or the child(ren) would be jeopardized by the disclosure of the identifying information.

2. **(Number):** _____ **Minor Child(ren) are subject to this case as follows:**
(Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name		Place of birth	DOB:	Sex
Period of residence	<input type="checkbox"/> Address Confidential	Person child lived with (name & address)		Relationship
_____ to present	<input type="checkbox"/> Address Confidential			
_____ to _____	<input type="checkbox"/> Address Confidential			
_____ to _____	<input type="checkbox"/> Address Confidential			
_____ to _____	<input type="checkbox"/> Address Confidential			

b. Child's name		Place of birth	DOB:	Sex
Period of residence	<input type="checkbox"/> Address Confidential	Person child lived with (name & address)		Relationship
_____ to present	<input type="checkbox"/> Address Confidential			
_____ to _____	<input type="checkbox"/> Address Confidential			
_____ to _____	<input type="checkbox"/> Address Confidential			
_____ to _____	<input type="checkbox"/> Address Confidential			

c. Child's name		Place of birth	DOB:	Sex
Period of residence	<input type="checkbox"/> Address Confidential	Person child lived with (name & address)		Relationship
_____ to present	<input type="checkbox"/> Address Confidential			
_____ to _____	<input type="checkbox"/> Address Confidential			
_____ to _____	<input type="checkbox"/> Address Confidential			
_____ to _____	<input type="checkbox"/> Address Confidential			

d. Child's name		Place of birth	DOB:	Sex
Period of residence	<input type="checkbox"/> Address Confidential	Person child lived with (name & address)		Relationship
_____ to present	<input type="checkbox"/> Address Confidential			
_____ to _____	<input type="checkbox"/> Address Confidential			
_____ to _____	<input type="checkbox"/> Address Confidential			
_____ to _____	<input type="checkbox"/> Address Confidential			

e. Additional children are listed on Attachment 2(d). (Provide requested information for additional children on an attachment labeled 2d.)

3. **Participation in custody case(s): (only one)**

- I **HAVE NOT** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of or visitation (parenting time) with any child subject to this case.
- I **HAVE** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of or visitation (parenting time) with any child subject to this case.

Explain:

- a. Name of each child _____
- b. Type of case _____
- c. Court and State _____
- d. Date and court order or judgment (if any): _____

4. **Information about custody case(s): (only one)**

- I **HAVE NO INFORMATION** of any cases that could affect the current case, any cases relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning any child subject to this case.
- I **HAVE THE FOLLOWING INFORMATION** concerning cases that could affect the current case, including any cases relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning any child subject to this case, other than listed in Paragraph 3.

Explain:

- a. Name of each child _____
- b. Type of case _____
- c. Court and State _____
- d. Date and court order or judgement (if any): _____

5. List all of the criminal convictions including guilty pleas for you and the members of your household for the following offenses: any criminal offense involving acts that resulted in a child being abused or neglected; any offense that is a violation of R.C. 2919.25; any sexually oriented offense as defined in R.C. 2950.01; and any offense involving a victim who was a family or household member at the time of the offense and caused physical harm to the victim during the commission of the offense.

NAME	CASE NUMBER	COURT/STATE/COUNTY	CHARGE

6. **Persons not a party to this case: (only one)**

- I **DO NOT KNOW OF ANY PERSON** not a party to this case who has physical custody or claims to have custody or visitation rights with respect to any child subject to this case.
- I **KNOW THAT THE FOLLOWING NAMED PERSON(S)** not a party to this case has/have physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this case:

a. Name and address of person _____

- has physical custody claims custody rights claims visitation rights

Name of each child _____

b. Name and address of person _____

- has physical custody claims custody rights claims visitation rights

Name of each child _____

c. Name and address of person _____

- has physical custody claims custody rights claims visitation rights

Name of each child _____

7. **I understand that I have a continuing duty to advise this Court of any custody, visitation, parenting time, divorce, dissolution of marriage, separation, neglect, abuse, dependency, guardianship, parentage, termination of parental rights, or protection from domestic violence case concerning the child(ren) in this state or any other state about which information is obtained during this case.**

OATH OF AFFIANT

I hereby swear or affirm that the answers above are true, complete and accurate to the best of my knowledge. I understand that falsification of this document may result in a contempt of court finding against me which could result in a jail sentence and fine, and that falsification of this document may also subject me to criminal penalties for perjury under Ohio Revised Code 2921.11.

AFFIANT

Sworn to and subscribed before me on this _____ day of _____, _____

NOTARY PUBLIC