

PORTAGE COUNTY JUVENILE COURT

CHILD CUSTODY PETITIONS GENERAL INFORMATION

The Portage County Juvenile Court provides a set of standard forms that may be used by private parties who are seeking a court order transferring legal custody of minor children. The forms may be used as a "fill in the blank" petition or as a suggested form that may be modified for a particular case. All pleadings must comply with the Ohio Rules of Civil Procedure and Rules of Juvenile Procedure, The following procedures will be applied in all cases:

1. All forms must be filled out accurately, legibly, and completely, either typewritten or in ink if handwritten.
2. The clerks are not permitted to give legal advice or provide assistance in the completion of the forms. Parties needing legal assistance should consult with their attorney or Community Legal Services (330) 297-1569.
3. These forms are only to be used in cases where the parent(s) and/or current legal custodians are in agreement for the change of custody, They will not be accepted for filing unless all parties are in agreement.
4. Any complaint that alleges facts suggesting that a child is dependent, neglected or abused will not be accepted for filing. Petitioners in those cases will be referred to their own legal counsel or to the Portage County Department of Job and Family Services (330-296-CARE).
5. Upon review by the court, petitions may be approved as filed or may be set for hearing. If set for hearing, the petitioner and parents must attend.
6. These forms may only be used for children whose legal residence is in Portage County at the time the petition is filed.
7. Failure to comply with any of these requirements may result in the petition and related pleadings being returned to the petitioner or the denial of the petition.
8. There is a \$200.00 filing fee for this proceeding plus any additional costs incurred for publication or other expenses.

(3/1/2022)

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

IN RE:

CASE NO.

JUDGE PATRICIA J. SMITH

PETITION FOR CHILD
CUSTODY (O.R.C. 2151.23)

Now comes the Petitioner(s) _____
pursuant to Ohio Revised Code Section 2151.23 (A)(2) and for his/her petition upon information
and belief states as follows:

1. The name(s), date(s) of birth and social security number(s) of the child/ren who is or are
the subject of this action are as follows:

NAME	DATE OF BIRTH	SOCIAL SECURITY NO.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. The child/ren named in Paragraph One is/are a resident of Portage County and
subject to the jurisdiction of this Court and is/are not the ward of any other court in this state
and is/are currently in the custody of _____ who resides in _____ County.
3. The Father of the children is _____ and his date of birth is
_____, and his Social Security number is _____, and his last known
address is _____.
4. The Mother of the children is _____ and her date of birth is
_____, and her Social Security number is _____, and her last known
address is _____.
5. The Father is not currently able to be the custodian of the child/ren for the reason(s) that:

6. The Mother is not currently able to be the custodian of the child/ren for the reason(s) that:

7. Petitioner(s) is/are related to the child/ren as follows: _____

8. Petitioner(s) state that this request for child custody is not made for the sole purpose of changing the child/ren's home school district nor is there any allegation that the parents are unsuitable to be the child/ren's custodian(s).

9. Petitioner(s) is/are suitable to be the legal custodian of said child/ren for the reason(s) that:

10. Petitioner(s) acknowledges that he/she/they is/are aware of the rights and responsibilities that they will assume as the legal custodian(s) of the child/ren is willing and prepared to accept them and therefore requests that this Court grant Petitioner(s) legal custody of said child/ren.

11. Petitioner(s) acknowledges that any order of child custody made by this Court is subject to the continuing jurisdiction and further order of this Court and that any order granted as a result of this petition in no way affects the residual parental rights of the natural parent(s) including, but not limited to the privilege of reasonable visitation, consent to adoption, the privilege to determine the child's religious affiliation, and the responsibility for support.

WHEREFORE, the Petitioner(s) request that this Court grant legal custody of the child/ren as set forth herein.

PETITIONER

PETITIONER

Address

City State Zip

Telephone

STATE OF OHIO)
)SS:
COUNTY OF PORTAGE)

Before me, a Notary Public in and for said county and state, did personally appear the Petitioner(s), _____, in the above captioned matter, who, after being first duly sworn, did subscribe her/his name to the within Affidavit and did acknowledge that the same was of his/her own free will and deed.

SWORN TO before me this ___ day of _____ 20 ___, at _____, Ohio.

Notary Public

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

IN RE:

CASE NO. _____

JUDGE PATRICIA J. SMITH

AFFIDAVIT (U.C.C.J.A.)

Now comes _____, Petitioner in the above captioned matter and the affiant herein, being first duly sworn deposes and says:

1. That _____
the minor child/ren who are the subject of this action is/are presently residing at:
_____.

2. That the said minor child/ren has/have resided in the past five (5) years at the following addresses and with the following persons:

<u>DATE</u>	<u>ADDRESS</u>	<u>PERSON</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. That the affiant has participated as a party, witness or in any other capacity in any other litigation concerning custody of the same child(ren) in this or any other state.
YES _____ NO _____

4. That the affiant knows of any custody proceeding concerning the child(ren) pending in a Court of this or any other state. YES _____ NO _____

If YES, state any information you have about any custody proceeding pending in a court of this state or any other state. Include the case number, name and address of the court:

5. That the affiant knows of any person not a party to the proceeding who has physical custody of the child or who claims to have custody of or visitation rights with respect to the child(ren). YES _____ NO _____ If YES, state the name and address of any such person(s):

6. That the affiant or any party to this action has ever been convicted of or pled guilty to any criminal offense involving any act that resulted in a child being an abused or neglected child, or been determined to be the perpetrator of an abusive or neglectful act that was the basis for a child being adjudicated an abused or neglected child. YES _____ NO _____

If YES, state the name of the court, case number and date of conviction:

7. That the affiant fully understands that he or she may be required by this Court to give additional information under oath concerning affirmative answers given above.

8. That the affiant fully understands that he or she has a continuing duty to inform the Court of any custody proceedings concerning the child/ren in this or any other state of which he or she obtains information during the pendency of this proceeding.

DATE _____, 20 _____

AFFIANT

STATE OF OHIO)
)SS:
COUNTY OF PORTAGE)

Before me, a Notary Public in and for said county and state, did personally appear the Petitioner, _____, in the above captioned matter, who, after being first duly sworn, did subscribe her/his name to the within Affidavit and did acknowledge that the same was of his/her own free will and deed.

SWORN TO before me this _____ day of _____,
20 _____, at _____, Ohio

NOTARY PUBLIC

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

IN RE:

CASE NO: _____

JUDGE PATRICIA J. SMITH

**ANSWER AND
WAIVER OF SERVICE**

1. _____ states that he/she is more than eighteen (18) years of age, that he/she is not under disability, that he/she has received a copy of the Petition for Child Custody, and that he/she waives service of summons in this proceeding as authorized in Civil Rule 4 (D).
2. In Answer to that Petition, he/she admits that the matters stated therein are true and that he/she consents to the granting of the Petition and the award of legal custody of his/her child/ren to the Petitioner(s) subject to the further order and continuing jurisdiction of this Court.

SIGNATURE: _____

ADDRESS: _____

**STATE OF OHIO)
)SS:
COUNTY OF PORTAGE)**

Before me, a Notary Public in and for said county and state, did personally appear _____, in the above captioned matter, who, after being first duly sworn, did subscribe her/his name to the within Affidavit and did acknowledge that the same was of his/her own free will and deed.

SWORN TO before me this _____ day of _____, 20____, at _____, Ohio.

NOTARY PUBLIC

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

IN RE: _____
A Minor

CASE NO. _____

JUDGE PATRICIA J. SMITH

AFFIDAVIT FOR SERVICE BY PUBLICATION Juv.R. 16(A)

The undersigned, being duly sworn, states the following:

1. The undersigned is: a party an attorney for a party, in the above titled action.
2. Service of Summons cannot be made upon the following Defendants because the residence of such person(s) is unknown to the undersigned; the residence of those person(s) to be served or notified cannot be ascertained with reasonable diligence; and such Defendant(s), together with their last known address, are set forth below:

Name	Last Known Address
_____	_____
_____	_____
_____	_____

3. The reasonable diligence to ascertain the current address is the following:

4. The undersigned requests service of summons or the attached Notice by:
 newspaper publication or Court's website.

Sign here: _____

State of Ohio
County of Portage

Print Name of Affiant

Sworn to or affirmed and subscribed before me by _____, this
____ day of _____, 20__.

Notary Public

Case Number:

SETS #

PORTAGE COUNTY JUVENILE COURT PARTY INFORMATION SHEET

Please complete this form to the best of your ability, including middle initials, dates of birth and social security numbers, if available. Please check the correct identity for each party to the case.

Plaintiff / Defendant / Complainant / Mother / Father / Other

_____	_____	_____	_____
First Name	Middle Initial	Last Name	Phone Number
_____		_____	_____
Street Address		City	State Zip
_____	_____		
D.O.B	SSN		

Plaintiff / Defendant / Complainant / Mother / Father / Other

_____	_____	_____	_____
First Name	Middle Initial	Last Name	Phone Number
_____		_____	_____
Street Address		City	State Zip
_____	_____		
D.O.B	SSN		

Plaintiff / Defendant / Complainant / Mother / Father / Other

_____	_____	_____	_____
First Name	Middle Initial	Last Name	Phone Number
_____		_____	_____
Street Address		City	State Zip
_____	_____		
D.O.B	SSN		

Child

_____	_____	_____	_____
First Name	Middle Initial	Last Name	Phone Number
_____		_____	_____
Street Address		City	State Zip
_____	_____		
D.O.B	SSN		

Child

_____	_____	_____	_____
First Name	Middle Initial	Last Name	Phone Number
_____		_____	_____
Street Address		City	State Zip
_____	_____		
D.O.B	SSN		

**PORTAGE COUNTY COMMON PLEAS
COURT JUVENILE DIVISION
JUDGE PATRICIA J. SMITH**

Prior to filing any pleading(s) in the Portage County Common Pleas Court, Juvenile Division, you must review the following information.

1. Please be advised that when filing a Complaint/Motion with this court, you must comply with the Ohio Revised Code (ORC) and the Juvenile and Civil Rules of Procedure. Failure to do so can result in the Complaint/Motion being Dismissed and the loss of any filing fees.
2. Statutes and Rules which may apply in your case are:
Allocation of Parental Rights and Responsibilities - ORC 3109.04
Parenting Time/Companionship Rights-ORC 319.051/.12
Grandparent/Relative Companionship or Visitation Rights - ORC 3109.11/312
Parentage - ORC Chapter 3111
Child Support - ORC Chapter 3119
Contempt of Court- ORC Chapter 2705
Process/Summons/Service - Civil Rules 4-4.6
3. The above Statutes and Rules are examples only, other Statutes and Rules may apply.
4. **This Court cannot give you legal advice or instructions on how to prepare a legal document or legal advice regarding your rights, responsibilities and legal options.** Parties needing legal assistance should consult with an attorney or Community Legal Aid Services (330) 297-1569.
5. The Supreme Court of Ohio has established a website that may assist you with certain types of cases in properly preparing the necessary forms to address your legal issues.
www.supremecourt.ohio.gov/JCS/CFC/DRforms
<https://www.supremecourt.ohio.gov/JCS/courtSvc/justiceAccess/resources/>

Signature

Date

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

**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 _____, request child support services from the _____ CSEA (Child Support Enforcement Agency). I understand and agree to the following:

- 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 a one dollar application fee. Some counties pay this fee for the applicants.
- C. Recipients of child support services shall cooperate to the best of their ability with the CSEA. (See attached rights 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 Only Services', if the sole need is to find the whereabouts of the absent parent.
- 2. Establishment or Adjustment 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 (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

Name: _____	Date of Birth: _____
Home Address: _____ _____	Mailing Address: _____ _____
Home Phone #: _____	
Social Security #: _____	Sex: _____
Race: _____	<input type="checkbox"/> Single <input type="checkbox"/> Married
Relationship to Children: _____	<input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Military Service (Branch, Dates): _____	Ever been on Public Assistance? _____
	(When and Where) _____ _____

EMPLOYER INFORMATION

Employer Name: _____	Employer Phone #: _____
Employer Address: _____ _____	Is Medical Insurance Available? _____

	CHILD 1	CHILD 2	CHILD 3
Name:			
Sex:			
Race:			
Social Security #:			
Date of Birth:			
Home Address:			

Location of Birth: (Country, State, City)			
Has Paternity (Fatherhood) been Established?			
Name(s) of Absent Parent(s):			
Is there an Order for Support?			
Is the Child covered by Medical Insurance?			

ABSENT PARENT INFORMATION

	PARENT 1	PARENT 2	PARENT 3
Name (and alias):			
Home Address:			
Mailing Address:			
Social Security #:			
Date of Birth:			
Location of Birth (Country, State, City):			
Race:			
Sex:			
Height / Weight:			
Hair / Eye Color:			
Identifying Marks (Tattoos, scars, etc.):			
Names of Children:			
Name and Address of Employer:			

Employer Phone #:			
Medical Insurance Provided?			
Support Order #:			
Date of Support Order:			
Amount of Support:	\$	\$	\$
Order Frequency:	Per	Per	Per
Location where Order was issued:			
Military Service (Branch, Dates):			
Ever Incarcerated? (Location, Dates):			
Arrest Record (Location, Dates):			
Name, Address Current Spouse:			
Father's Name:			
Mother's Name (Maiden):			
Ever been on Public Assistance? (Location, Dates)			

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: _____