

**NO AGREEMENT CHANGE OF CUSTODY
CHECKLIST OF FORM TO BE COMPLETED**

Forms to be completed by you and your spouse:

- Domestic Case Designation Form
- Petition for Change of Custody
- Financial Affidavit- Father *
- Financial Affidavit- Mother *
- Custody Affidavit *
- Precipe for Service

* Must be signed in front of a notary.

**COURT OF COMMON PLEAS
HOCKING COUNTY, OHIO**

CASE NO. _____

Petitioner,

JUDGE _____

vs.

**DOMESTIC CASE
DESIGNATION FORM**

Petitioner.

Has this case been previously filed and dismissed? Check one: Yes No

If yes, list Case Number: _____

Judge: _____

List all related pending case(s), including case number and judge:

DOMESTIC CATEGORIES

Place (X) in ONE category only:

- A. Termination of Marriage w/children (Divorce)
- B. Termination of Marriage w/o children (Divorce)
- C. Dissolution of Marriage w/ children
- D. Dissolution of Marriage w/o children
- E. Change of Custody
- F. Visitation Enforcement/Modification
- G. Support Enforcement/Modification
- H. Domestic Violence
- I. U.I.F.S.A.
- J. Parentage
- K. Other (i.e., Foreign Support Enforcement, Warrants, Spousal Support Enforcement)

Signature of Wife

Signature of Husband

Address

Address

Telephone

Telephone

**COURT OF COMMON PLEAS
HOCKING COUNTY, OHIO**

CASE NO. _____

Plaintiff,

JUDGE _____

vs.

**MOTION FOR REALLOCATION OF
PARENTAL RIGHTS AND
RESPONSIBILITIES**

Defendant.

Now comes _____, Pro se, and moves this Court for an Order reallocating parental rights and responsibilities of the parties' minor child(ren)

_____ from _____

to _____ Pursuant to Revised Code Section 3109.04(A) and/or 3109.04(B)(1) because

Child Support – Court Calculated

Wife Husband shall pay to husband wife as and for the support of the Parties' child(ren), the sum as provided by the Ohio Child Support Guidelines, to be established by the Court at the final hearing based on financial information furnished to the Court by the affidavit attached to the Petition.

The support shall be set out as an amount per month, plus processing fee of 2% or \$1.00 per month, whichever is greater, and shall be payable through the Hocking County CSEA.

The child support obligation shall be effective (date) _____ . All support shall be paid through the Ohio Child Support Payment Central, P.O. Box 182372, Columbus, OH 43218-2372. Any support not paid through the CSEA shall be considered a gift and not credited against the support obligation.

Support payments shall continue until a child dies, marries, becomes self-supporting, or reaches eighteen, whichever event first occurs, provided that such support shall continue beyond the child's eighteenth birthday so long as the child continuously attends on a full-time basis any recognized and accredited high school, but not beyond the age of nineteen, unless further ordered by the Court or CSEA.

All support ordered shall be withheld or deducted from the income or assets of the Party paying support, pursuant to a withholding order issued according to law, or by a withdrawal directive from a financial institution.

A. In the event that both Parties choose to enroll the child(ren) in non-public schooling, they shall split the costs of all school, tuition and related expenses in connection with non-public schooling and the same percentages as set forth in the child support guideline calculation, or as follows:

Husband	_____	%
Wife	_____	%

B. Check **either** 1 or 2 below and complete

1. Wife shall be entitled to claim the following child(ren) as her dependents for income tax purposes:

2. Husband shall be entitled to claim the following child(ren) as his dependents for income tax purposes:

For the Husband or Wife to be able to claim the child(ren) set out above, they must have paid all their support obligation, if any, for that year. The parties agree to sign necessary IRS documents to carry out this order.

Respectfully submitted,

Signature of Petitioner

Address

Phone Number

**COURT OF COMMON PLEAS
HOCKING COUNTY, OHIO**

Plaintiff,

vs.

CASE NO. _____
JUDGE _____

Defendant.

FINANCIAL AFFIDAVIT- FATHER

Mother's Information:

Name _____
Address _____

DOB _____

Father's Information:

Name _____
Address _____

DOB _____

I, _____, Petitioner Father, state under oath that the following information is complete and accurate to the best of my information, knowledge and belief:

1. I am employed at:

Employer's Name

Employer's Address

2. I earn \$ _____
- per hour
- per week
- per month
3. I work an average of _____ hours per week.
4. I receive unemployment compensation of \$ _____
- per hour
- per week
- per month
5. I receive workers' compensation or disability insurance benefits of \$ _____
- per hour
- per week
- per month
6. I received other income in the amount of \$ _____
- per month
- per year
- I receive this income from: _____
- (List source including self-employment income if applicable)
7. My gross income for last year was \$ _____
8. My year-to-date gross income for this year is \$ _____ through _____
- (date)
9. I do do not have health insurance available for the minor child(ren).
- The insurance costs \$ _____
- per week
- per month.
- A) The cost to cover myself only is \$ _____
- per week
- per month.
- B) The extra cost to cover the child(ren) is \$ _____
- per week
- per month.

10. I pay work-related/education-related/employment-training related/day care expenses for the minor child(ren) of this marriage in the amount of \$ _____

per week

per month.

11. I am the biological parent of _____ other minor child(ren) who live in my home. I receive \$ _____ per month in court-ordered child support for these other minor biological chil(ren).

12. I pay _____ percent city income tax.

13. I pay union dues and uniforms in the amount of \$ _____ .

14. I pay \$ _____ per month in court-ordered spousal support to my ex-wife.

15. I pay \$ _____ per month in court-ordered child support for another child(ren).

Signature of Petitioner Father

Sworn to and subscribed in my presence this _____ day _____ of 20____.

Notary Public

**COURT OF COMMON PLEAS
HOCKING COUNTY, OHIO**

Plaintiff,

vs.

CASE NO. _____
JUDGE _____

Defendant.

FINANCIAL AFFIDAVIT- MOTHER

Mother's Information: _____

Address _____

DOB _____

Father's Information:

Name _____

Address _____

DOB _____

I, _____, Petitioner Mother, state under oath that the following information is complete and accurate to the best of my information, knowledge and belief:

1. I am employed at:

Employer's Name

Employer's Address

2. I earn \$ _____
 per hour
 per week
 per month
3. I work an average of _____ hours per week.
4. I receive unemployment compensation of \$ _____
 per hour
 per week
 per month
5. I receive workers' compensation or disability insurance benefits of \$ _____
 per hour
 per week
 per month
6. I received other income in the amount of \$ _____
 per month
 per year
- I receive this income from: _____
(List source including self-employment income if applicable)
7. My gross income for last year was \$ _____
8. My year-to-date gross income for this year is \$ _____ through _____
(date)
9. I do do not have health insurance available for the minor child(ren).
The insurance costs \$ _____
 per week
 per month.
- C) The cost to cover myself only is \$ _____
 per week
 per month.
- D) The extra cost to cover the child(ren) is \$ _____
 per week
 per month.

10. I pay work-related/education-related/employment-training related/day care expenses for the minor child(ren) of this marriage in the amount of \$ _____

per week

per month.

11. I am the biological parent of _____ other minor child(ren) who live in my home. I receive \$ _____ per month in court-ordered child support for these other minor biological chil(ren).

12. I pay _____ percent city income tax.

13. I pay union dues and uniforms in the amount of \$ _____ .

14. I pay \$ _____ per month in court-ordered spousal support to my ex-husband.

15. I pay \$ _____ per month in court-ordered child support for another child(ren).

Signature of Petitioner Mother

Sworn to and subscribed in my presence this _____ day _____ of 20____.

Notary Public

**COURT OF COMMON PLEAS
HOCKING COUNTY, OHIO**

CASE NO. _____

_____ Plaintiff, _____

JUDGE _____

vs.

CUSTODY AFFIDAVIT

Defendant.

_____, being first duly sworn, states the following statements are true.

The names, birth dates, and present addresses of the children at issue in this case are:

Name:	Date of Birth	Present Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Set forth below are the addresses at which said child(ren) resided during the preceding five (5) years, and the name(s) and present address of the person(s) with whom the child(ren) resided:

Date of Residence: _____ to _____

With Whom: _____

Address: _____

Current Address: _____

Date of Residence: _____ to _____

With Whom: _____

Address: _____

Current Address: _____

Date of Residence: _____ to _____

With Whom: _____

Address: _____

Current Address: _____

Date of Residence: _____ to _____

With Whom: _____

Address: _____

Current Address: _____

Date of Residence: _____ to _____

With Whom: _____

Address: _____

Current Address: _____

1. Said Affiant has has not participated as a party, witness or in any other capacity in any other proceeding concerning the allocation, between the parties of the same child, of parental rights and responsibilities for the care of the child including any designation of parenting time rights and the designation of the residential parent and legal

custodian of the child or that otherwise concerned the custody of or visitation with the same child. If Affiant has so participated, the court, case number and the date of the child custody determination are stated below.

Court	Case Number	Date
_____	_____	_____
_____	_____	_____

2. Said Affiant does does not know of any proceeding that could affect the current proceeding, including proceedings for enforcement of child custody determinations, proceedings relating to domestic violence or protection orders, proceedings to adjudicate the child as an abused, neglected, or dependent child, proceedings seeking termination of parental rights, and adoptions. If Affiant does know of such a proceeding, the court, case number, and the nature of the proceeding are stated below.

Court	Case Number	Nature of Proceeding
_____	_____	_____
_____	_____	_____

3. Said Affiant knows does not know of any person who is not a party to the proceeding and has physical custody of the child or claims to be a parent of the child who is designated the residential parent and legal custodian of the child or to have parenting time rights with respect to the child or to be a person other than a parent of the child who has custody or visitation rights with respect to the child. If Affiant knows of such a person, the names and address of those persons are stated below.

Name	Address
_____	_____
_____	_____
_____	_____

Each party has a continuing duty to inform the court of any child custody proceeding concerning the child in this or any other state that could affect the current proceeding.

Affiant

Attorney

Address

Address

Notary Public

Sworn to and subscribed by the affiant

before me this _____ day of _____, 20_____

**COURT OF COMMON PLEAS
HOCKING COUNTY, OHIO**

Petitioner,

vs.

CASE NO. _____
JUDGE _____

PRECIPE FOR SERVICE

Respondent.

Please have the sheriff of Hocking County serve upon the Respondent a certified copy of the following documents:

Please use certified mailed personal service.

1. A physical description of the Respondent is:

2. The Respondent does does not carry a weapon.
3. At present, the Respondent can be found:

At his/her residence:

Times normally available at this address:

At his/her place of employment:

Times normally available at this address:

Other:

Times normally available at this address:

Signature

Address

Phone Number