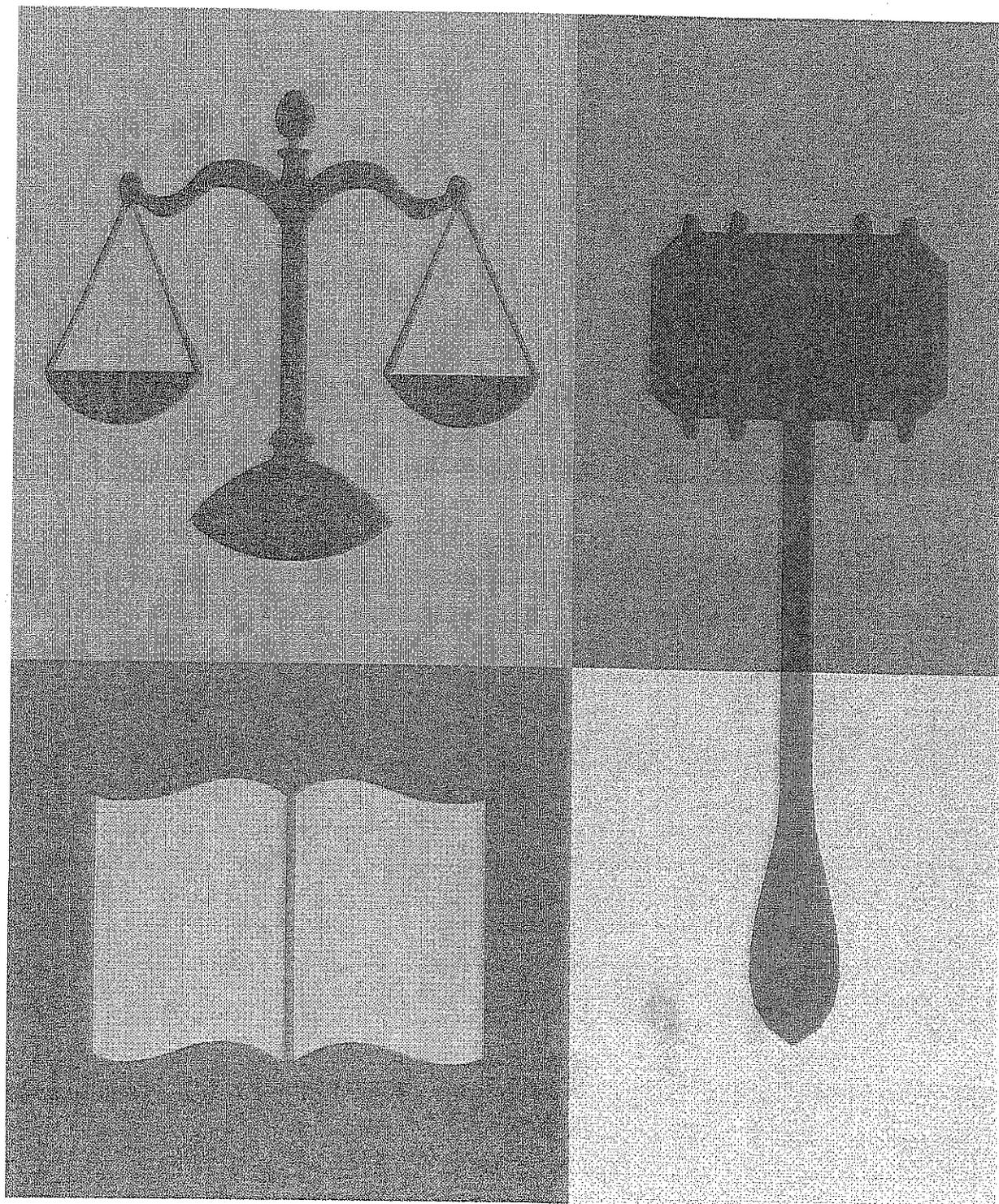


Logan County Family Court Pro se Packet – Post-Decree Actions



Pro se – Representing Yourself in Court

As with any Court of this type, citizens are not required to have an attorney. Therefore, you may represent yourself if you choose. If you do choose to represent yourself, you will be held to the same standards and must meet the same legal requirements with respect to any of the documentation and evidence as an attorney must meet.

None of the employees of the Court, nor the Clerk of Courts, can provide any legal advice. You may contact Legal Aid (1-888-534-1432 or www.lawolaw.org) if you cannot afford an attorney and do not wish to represent yourself. If a case involves a possible finding of contempt which could result in a jail sentence, the Court may appoint an attorney if you meet the financial qualifications.

Generally, you should have an attorney if:

- You are going to have a contested hearing
- Your spouse/former spouse has an attorney
- There are substantial assets to be divided
- There is physical or emotional abuse

PROCEDURE FOR FILING A POST-DECREE ACTION

What is a Post-Decree Action?

“Post Decree” means “after a decision has been made or a decree has been issued.” A post-decree action is filed AFTER a divorce, dissolution or paternity action has been finalized. Modifications to previous orders are sometimes necessary as our lives change. Either parties are unable to resolve their differences on their own, or they wish to file an agreed motion.

These actions address the changes to our lives which include modifications to child support, custody, parenting time (visitation), etc. Motions for Contempt (disobeying a Court order) are also classified as post-decree actions.

As with the initial action in any case in this Court, a filing fee is payable upon the filing of the pleadings. Also, any unpaid previous Court costs must be paid in full.

Required Pleadings – Post-Decree Proceedings

Post-Decree Action with Children – Allocation of Parental Rights (Domestic Relations and Juvenile Divisions)

- Praecipe (If none provided, service will be attempted by certified mail)
- Post Decree Motion
- Motion for Temporary Orders
- Affidavit in Support of Temporary Orders
- Judgment Entry/Temporary Orders
- Motion for ex parte Orders
- Affidavit in Support
- Judgment Entry/ex parte Orders
- Affidavit of Income, Expenses & Financial Disclosure (Form DR-10) and required attachments (2 of the 3 below)
 - Paycheck stubs for a one month period (most recent)
 - W-2 Forms (most recent)
 - Income Tax Return (most recent)
 - Or Affidavit in lieu of Financial Affidavit Attachments

- Parenting Proceeding Affidavit
- CSEA Application

If Motion for Temporary Order includes child support, include the following:

- Child Support Computation Worksheet

Post-Decree Action with Children – Other Issues and/or Contempt

- Praecipe (If none provided, service will be attempted by certified mail)
- Complaint/Motion
- Affidavit/Memorandum
- Judgment Entry (Court Order)
- Motion for Temporary Orders
- Affidavit in Support of Temporary Orders
- Judgment Entry (Court Order)

Post Decree Action with Children - Allocation of Parental Rights (Custody) – Joint Motion & Entry

- Joint Motion or Complaint
- Affidavit in Support
- Shared Parenting Plan (if applicable)
- Waiver of Service
- Waiver of Summons
- Waiver of Notice of Hearing
- Waiver of Magistrate's Decision and Objection Period
- Affidavit of Property
- Affidavit of Income, Expenses & Financial Disclosure (Form DR-10) and required attachments (2 of the 3 below)
 - Paycheck stubs for a one month period (most recent)
 - W-2 Forms (most recent)
 - Income Tax Return (most recent)
 - Or Affidavit in lieu of Financial Affidavit Attachments
- Parenting Proceeding Affidavit
- CSEA Application

If Motion for Temporary Order includes child support, include the following:

- Child Support Computation Worksheet

IN THE COURT OF COMMON PLEAS

Division
COUNTY, OHIO

IN THE MATTER OF:

A Minor

Name

Case No. _____

Street Address

Judge _____

City, State and Zip Code

Plaintiff/Petitioner

Magistrate _____

vs.

Name

Street Address

City, State and Zip Code

Defendant/Petitioner

Instructions: This form is used to request a change in the child support or child support-related matters. A Request for Service (Uniform Domestic Relations Form 28) and an Affidavit of Income and Expenses (Uniform Domestic Relations Form-Affidavit 1) must be filed with this Motion.

**MOTION FOR CHANGE OF CHILD SUPPORT, MEDICAL SUPPORT,
TAX EXEMPTION, OR OTHER CHILD-RELATED EXPENSES
AND MEMORANDUM IN SUPPORT**

I, _____ (name), request this Court change my obligation to provide support or my right to receive support for the minor child(ren) as follows (check all that apply):

- 1. The amount of child support to be paid each month. The change I want the Court to order is:

2. The person responsible for providing health insurance for the child(ren). The change I want the Court to order is: _____

3. The amount of non-insured health care expenses of the minor child(ren) that I have to pay. The change I want the Court to order is: _____

4. The person who can claim the child(ren) as tax dependents. The change I want the Court to order is: _____

5. Other child-related expense. The change I want the Court to order is: _____

6. The circumstances have changed since the Court issued the existing order. The change in circumstances and any other reason for the requested change are as follows: _____

7. I believe that the requested changes are in the child(ren)'s best interests.

 Your Signature

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

COURT OF COMMON PLEAS
COUNTY, OHIO

 Plaintiff/Petitioner

Case No. _____

v./and

Judge _____

Magistrate _____

 Defendant/Petitioner

Instructions: Check local court rules to determine when this form must be filed.
 This affidavit is used to make complete disclosure of income, expenses and money owed. It is used to determine child and spousal support amounts. Do not leave any category blank. Write "none" where appropriate. If you do not know exact figures for any item, give your best estimate, and put "EST." **If you need more space, add additional pages.**

AFFIDAVIT OF INCOME AND EXPENSES

Affidavit of _____
 (Print Your Name)

Date of marriage _____ Date of separation _____

SECTION I - INCOME

	<u>Husband</u>	<u>Wife</u>
Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	_____	_____
Payroll address	_____	_____
Payroll city, state, zip	_____	_____
Scheduled paychecks per year	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52

A. YEARLY INCOME, OVERTIME, COMMISSIONS AND BONUSES FOR PAST THREE YEARS

	<u>Husband</u>	<u>Wife</u>
Base yearly income	\$ _____ 3 years ago 20 _____	\$ _____
	\$ _____ 2 years ago 20 _____	\$ _____
	\$ _____ Last year 20 _____	\$ _____
Yearly overtime, commissions and/or bonuses	\$ _____ 3 years ago 20 _____	\$ _____
	\$ _____ 2 years ago 20 _____	\$ _____
	\$ _____ Last year 20 _____	\$ _____

B. COMPUTATION OF CURRENT INCOME

	<u>Husband</u>	<u>Wife</u>
Base yearly income	\$ _____	\$ _____
Average yearly overtime, commissions and/or bonuses over last 3 years (from part A)	\$ _____	\$ _____
Unemployment compensation	\$ _____	\$ _____
Disability benefits		
<input type="checkbox"/> Workers' Compensation		
<input type="checkbox"/> Social Security		
<input type="checkbox"/> Other: _____	\$ _____	\$ _____
Retirement benefits		
<input type="checkbox"/> Social Security		
<input type="checkbox"/> Other: _____	\$ _____	\$ _____
Spousal support received	\$ _____	\$ _____
Interest and dividend income (source)		
_____	\$ _____	\$ _____
Other income (type and source)		
_____	\$ _____	\$ _____
TOTAL YEARLY INCOME	\$ _____	\$ _____
Supplemental Security Income (SSI) or public assistance	\$ _____	\$ _____
Court-ordered child support that you receive for minor and/or dependent child(ren) not of the marriage or relationship	\$ _____	\$ _____

SECTION II – CHILDREN AND HOUSEHOLD RESIDENTS

Minor and/or dependent child(ren) who are adopted or born of this marriage or relationship:

Name	Date of birth	Living with
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In addition to the above children there is/are in your household:

_____ adult(s)
 _____ other minor and/or dependent child(ren).

SECTION III – EXPENSES

List monthly expenses below for your present household.

A. MONTHLY HOUSING EXPENSES

Rent or first mortgage (including taxes and insurance)	\$ _____
Real estate taxes (if not included above)	\$ _____
Real estate/homeowner's insurance (if not included above)	\$ _____
Second mortgage/equity line of credit	\$ _____
Utilities	
<input type="checkbox"/> Electric	\$ _____
<input type="checkbox"/> Gas, fuel oil, propane	\$ _____
<input type="checkbox"/> Water and sewer	\$ _____
<input type="checkbox"/> Telephone	\$ _____
<input type="checkbox"/> Trash collection	\$ _____
<input type="checkbox"/> Cable/satellite television	\$ _____
Cleaning, maintenance, repair	\$ _____
Lawn service, snow removal	\$ _____
Other:	\$ _____
	\$ _____
	\$ _____
TOTAL MONTHLY :	\$ _____

B. OTHER MONTHLY LIVING EXPENSES

Food		
o Groceries (including food, paper, cleaning products, toiletries, other)	\$	
o Restaurant	\$	
Transportation		
o Vehicle loans, leases	\$	
o Vehicle maintenance (oil, repair, license)	\$	
o Gasoline	\$	
o Parking, public transportation	\$	
Clothing		
o Clothes (other than children's)	\$	
o Dry cleaning, laundry	\$	
Personal grooming		
o Hair, nail care	\$	
o Other	\$	
Cell phone	\$	
Internet (if not included elsewhere)	\$	
Other	\$	
TOTAL MONTHLY		\$ _____

C. MONTHLY CHILD-RELATED EXPENSES
(for children of the marriage or relationship)

Work/education-related child care	\$	
Other child care	\$	
Unusual parenting time travel	\$	
Special and unusual needs of child(ren) (not included elsewhere)	\$	
Clothing	\$	
School supplies	\$	
Child(ren)'s allowances	\$	
Extracurricular activities, lessons	\$	
School lunches	\$	
Other	\$	
TOTAL MONTHLY		\$ _____

D. INSURANCE PREMIUMS

Life	\$	
Auto	\$	
Health	\$	
Disability	\$	
Renters/personal property (if not included in part A above)	\$	
Other _____	\$	
TOTAL MONTHLY		\$

E. MONTHLY EDUCATION EXPENSES

Tuition		
o Self	\$	
o Child(ren)	\$	
Books, fees, other	\$	
College loan repayment	\$	
Other _____	\$	
	\$	
TOTAL MONTHLY:		\$

F. MONTHLY HEALTH CARE EXPENSES
(not covered by insurance)

Physicians	\$	
Dentists	\$	
Optometrists/opticians	\$	
Prescriptions	\$	
Other _____	\$	
	\$	
TOTAL MONTHLY:		\$

G. MISCELLANEOUS MONTHLY EXPENSES

Extraordinary obligations for other minor/handicapped child(ren) (not stepchildren)	\$
Child support for children who were not born of this marriage or relationship and were not adopted of this marriage	\$
Spousal support paid to former spouse(s)	\$
Subscriptions, books	\$
Entertainment	\$

GRAND TOTAL MONTHLY EXPENSES (Sum of A through H): \$ _____

OATH

[Do not sign until notary is present.]

I, (print 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: _____

**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 _____ 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 (arrearsages) 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.

B. 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 (Last, First, Middle)		Telephone Number (Home)
Address (Street/Route, P.O. Box)		(Work)
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? Yes No

When (Date)	Where (City and State)	County
-------------	------------------------	--------

FOR AGENCY USE ONLY

Case Name	Date Requested	Date Mailed or Provided
Case Number	Date Returned or File Date	

COURT OF COMMON PLEAS
 _____ COUNTY, OHIO

_____ Case No. _____
 Plaintiff/Petitioner Judge _____
 v./and Magistrate _____

 Defendant/Petitioner/Respondent

Instructions: Check local court rules to determine when this form must be filed.
 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, including Dissolutions, Divorces and Domestic Violence Petitions. 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, add additional pages.**

PARENTING PROCEEDING AFFIDAVIT (R.C. 3127.23(A))
 Affidavit of _____
 (Print Your Name)

Check and complete ALL THAT APPLY:

1. I request that the court 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 to protect the health, safety, or liberty of myself and/or the child(ren).
2. Minor child(ren) are subject to this case as follows:

Insert the information requested below for all minor or dependent children of this marriage. You must list the residences for all places where the children have lived for the last FIVE years.

a.	Child's Name:	Place of Birth:	Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Person(s) With Whom Child Lived (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:** _____
Date of Birth: _____ **Sex:** Male Female

Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

<u>Period of Residence</u>	<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name & address)	<u>Relationship</u>
_____ 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:** _____
Date of Birth: _____ **Sex:** Male Female

Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

<u>Period of Residence</u>	<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name & address)	<u>Relationship</u>
_____ 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?	_____	_____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CHILDREN, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

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

- 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. For each case in which you participated, give the following information:

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

IF MORE SPACE IS NEEDED FOR ADDITIONAL CUSTODY CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

4. Information about other civil case(s) that could affect this case: (Check only one box.)

- I HAVE NO INFORMATION about any other civil 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.
- I HAVE THE FOLLOWING INFORMATION concerning other civil 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 a child subject to this case. Do not repeat cases already listed in Paragraph 3. Explain:

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

IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

5. Information about criminal case(s):

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 domestic violence 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.

<u>Name</u>	<u>Case Number</u>	<u>Court/State/County</u>	<u>Convicted of What Crime?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

6. Persons not a party to this case who have physical custody or claim to have custody or visitation rights to children subject to this case: (Check only one box.)

I DO NOT KNOW OF ANY PERSON(S) 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/Address of Person

Has physical custody

Claims custody rights

Claims visitation rights

Name of each child:

b. Name/Address of Person

Has physical custody

Claims custody rights

Claims visitation rights

Name of each child:

c. Name/Address of Person

Has physical custody

Claims custody rights

Claims visitation rights

Name of each child:

OATH

[Do Not Sign Until Notary is Present]

I, (print 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: _____

IN THE COURT OF COMMON PLEAS

Division

COUNTY, OHIO

IN THE MATTER OF:

A Minor

Name

Street Address

City, State and Zip Code

Plaintiff/Petitioner

Case No. _____

Judge _____

Magistrate _____

vs./and

Name

Street Address

City, State and Zip Code

Defendant/Petitioner

Instructions: This form is used when you want to request documents to be served on the other party. You must indicate the requested method of service by marking the appropriate box.

REQUEST FOR SERVICE

TO THE CLERK OF COURT:

Please serve the following documents on the following parties as I have indicated below:

- Defendant/Petitioner at the address shown above.
 - Certified Mail, Return Receipt Requested
 - Issuance to Sheriff of _____ County, Ohio for Personal or Residence service
 - Other (specify) _____

- Plaintiff/Petitioner at the address shown above.

Supreme Court of Ohio
Uniform Domestic Relations Form – 28
Uniform Juvenile Form – 10
REQUEST FOR SERVICE
Approved under Ohio Civil Rule 84 and Ohio Juvenile Rule 46
Effective Date: 7/1/2013

- Certified Mail, Return Receipt Requested
- Issuance to Sheriff of _____ County, Ohio for Personal or Residence service
- Other (specify) _____

_____ County Child Support Enforcement Agency (provide address below):

- Certified Mail, Return Receipt Requested
- Issuance to Sheriff of _____ County, Ohio for Personal or Residence service
- Other (specify) _____

- Other (address): _____
- Certified Mail, Return Receipt Requested
 - Issuance to Sheriff of _____ County, Ohio for Personal or Residence service
 - Other (specify) _____

SPECIAL INSTRUCTIONS TO SHERIFF:

Your Signature