

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

Plaintiff: _____

Case No. _____

Address: _____

Date of Birth: _____,

Plaintiff,

COMPLAINT/MOTION
FOR LEGAL CUSTODY

vs.

Mother: _____

Address: _____

Date of Birth: _____,

and

Father: _____

Address: _____

Date of Birth: _____,

Defendants.

The Plaintiff moves the Court for an Order granting legal custody of the minor child(ren),

namely: _____

to the Plaintiff for the purpose of giving the Plaintiff the authority to make decisions with respect
to the educational and medical needs of the minor child(ren).

Respectfully submitted,

Plaintiff

Telephone Number (____) _____

Cell Phone Number (____) _____

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

Plaintiff: _____ Case No. _____

Plaintiff,

vs.

Mother: _____

and

Father: _____

Defendants.

STATEMENT OF UNDERSTANDING

I, _____, the Plaintiff in the above-stated action, first being duly sworn, state that I have the following understanding of the Court's Order placing the minor child(ren), namely: _____, born _____, _____, born _____, _____, born _____ under my legal custody:

1. It is my intent to become the legal custodian of the minor child(ren) and I am able to assume legal responsibility for the care and supervision of the minor child(ren).

2. I understand that legal custody of the child(ren) is intended to be permanent in nature and that I will be responsible as the custodian of the child(ren) until the child reaches the age of majority. Responsibility as custodian for the child(ren) shall continue beyond the age of majority if, at the time the child(ren) reaches the age of majority, the child(ren) is pursuing a diploma granted by the board of education, or other governing authority, successful completion of the curriculum of any high school, successful completion of

an individualized education program developed for the student by any high school, or an age and schooling certificate. Responsibility beyond the age of majority shall terminate when a child ceases to continuously pursue such an education, completes such an education, or is excused from such an education under standards adopted by the state board of education, whichever occurs first.

3. I understand the parents of the child(ren) have residual parental rights, privileges, and responsibilities, including, but not limited to, the privilege of reasonable visitation, consent to adoption, the privilege to determine the child(ren)'s religious affiliation, and the responsibility of support.

4. I understand that I must be present in court for the hearing in order to affirm my intention to become legal custodian, to affirm I understand the effect of the custodianship before the court, and to answer any questions that the court or any parties to the case may have.

Affiant

SWORN TO BEFORE ME and subscribed in my presence this _____ day of

_____, 2007.

Notary Public

COURT OF COMMON PLEAS

_____ COUNTY, OHIO

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

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
	<u>Period of Residence</u>	<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name & address)
	_____ 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?	_____
	_____ 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 has physical custody or claims 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/have physical custody or claim(s) 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: _____

**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.

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 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
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			
<input checked="" type="checkbox"/> Have you ever been on public assistance? <input type="checkbox"/> Yes <input type="checkbox"/> 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		

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

Plaintiff: _____ **Case No.** _____

Plaintiff,

vs.

Mother: _____

and

Father: _____

Defendants.

PRECIPE

To the Clerk:

Please cause Summons, a copy of the Complaint/Motion, a copy of the Hearing and Home Study Evaluation, and a copy of all other documentation filed for record to be served upon each of the Defendants as follows:

Mother: _____ Personal: _____

Address: _____ Certified Mail: _____

_____ Posting: _____

Father: _____ Personal: _____

Address: _____ Certified Mail: _____

_____ Posting: _____

Respectfully submitted,

Plaintiff

COURT OF COMMON PLEAS
_____ COUNTY, OHIO

Plaintiff/Petitioner 1 _____ Case No. _____
v./and _____ Judge _____
_____ Magistrate _____
Defendant/Petitioner 2 _____

Instructions: Check local court rules to determine when this form must be filed.
This affidavit is used to disclose health insurance coverage that is available for children. It is also used to determine child support. It must be filed if there are minor children of the relationship. **If more space is needed, add additional pages.**

HEALTH INSURANCE AFFIDAVIT

Affidavit of _____
(Print Your Name)

_____ Your Name _____ Spouse's Name

- | | | |
|--|--|--|
| Are your child(ren) currently enrolled in a low-income government-assisted health care program (Healthy Start/Medicaid)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you enrolled in an individual (non-group or COBRA) health insurance plan? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you enrolled in a health insurance plan through a group (employer or other organization)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If you are not enrolled, do you have health insurance available through a group (employer or other organization)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the available insurance cover primary care services within 30 miles of the child(ren)'s home? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

_____ Your Name _____ Spouse's Name

Under the available insurance, what would be the annual premium for a plan covering you and the child(ren) of this relationship (not including a spouse)?

\$ _____ \$ _____

Under the available insurance, what would be the annual premium for a plan covering you alone (not including children or spouse)?

\$ _____ \$ _____

If you are enrolled in a health insurance plan through a group (employer or other organization) or individual insurance plan, which of the following people is/are covered:

Yourself?

Yes No

Yes No

Your spouse?

Yes No

Yes No

Minor child(ren) of this relationship?

Yes No

Yes No

Number _____

Number _____

Other individuals?

Yes No

Yes No

Number _____

Number _____

Name of group (employer or organization) that provides health insurance

Address

Phone number

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: _____

COURT OF COMMON PLEAS
_____ COUNTY, OHIO

Plaintiff/Petitioner 1	Case No. _____
v./and	Judge _____
Defendant/Petitioner 2	Magistrate _____

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

	Your Name	Spouse's Name
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

	Your Name	Spouse's Name
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

	Your Name	Spouse's Name
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 from 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	
o Electric	\$ _____
o Gas, fuel oil, propane	\$ _____
o Water and sewer	\$ _____
o Telephone	\$ _____
o Trash collection	\$ _____
o Cable/satellite television	\$ _____
Cleaning, maintenance, repair	\$ _____
Lawn service, snow removal	\$ _____
Other: _____	\$ _____
	\$ _____
	\$ _____
TOTAL MONTHLY :	\$ _____

B. OTHER MONTHLY LIVING EXPENSES

Food	
○ Groceries (including food, paper, cleaning products, toiletries, other)	\$ _____
○ Restaurant	\$ _____
Transportation	
○ Vehicle loans, leases	\$ _____
○ Vehicle maintenance (oil, repair, license)	\$ _____
○ Gasoline	\$ _____
○ Parking, public transportation	\$ _____
Clothing	
○ Clothes (other than children's)	\$ _____
○ Dry cleaning, laundry	\$ _____
Personal grooming	
○ Hair, nail care	\$ _____
○ 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	\$

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 COMMON PLEAS COURT OF LOGAN COUNTY, OHIO
JUVENILE DIVISION

Plaintiff: _____ Case No. _____

Plaintiff,

vs.

Mother: _____

and

Father: _____

Defendants.

INSTRUCTIONS FOR POSTING SERVICE

To the Clerk:

Please cause the Defendant/Parent, _____, to be served with Summons, a copy of the Complaint/Motion, and a copy of all other documentation filed for record by Posting and regular U.S. Mail, with certificate of mailing, as provided in Rule 16 (A) of the Ohio Rules of Juvenile Procedure.

Respectfully submitted,

Plaintiff

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

Plaintiff: _____ Case No. _____

Plaintiff,

vs.

Mother: _____

and

Father: _____

Defendants.

AFFIDAVIT FOR SERVICE BY POSTING AND REGULAR U.S. MAIL

The Affiant, first being duly cautioned and sworn, deposes and states that he/she is the Plaintiff in the above-stated action, and further states that _____ is the Mother/Father of the minor child. _____ has previously resided at _____ and _____. Despite diligent efforts, her/his current address cannot be located. As a result, Affiant respectfully requests that service of Summons, a copy of the Complaint/Motion, and a copy of all other documentation filed for record be served upon _____ by Posting and regular U.S. Mail with certificate of mailing.

Affiant

SWORN TO BEFORE ME and subscribed in my presence this _____ day of _____,
20____.

Notary
My commission expires _____

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

Plaintiff: _____ **Case No.** _____

Plaintiff,

vs.

Mother: _____

and

Father: _____

Defendants.

JUDGMENT ENTRY
(Temporary Orders)

This cause came on for consideration upon the Plaintiff's Motion for Temporary Orders. This Court finds the Motion is well-taken.

It is, therefore, ORDERED, ADJUDGED and DECREED as follows:

Judge

Magistrate

cc: Logan County Children Services Board
Plaintiff
Defendant/Mother
Defendant/Father

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

Plaintiff: _____ Case No. _____

Plaintiff,

vs.

Mother: _____

and

Father: _____

Defendants.

LEGAL NOTICE

TO: _____ whose address is Unknown.

The Plaintiff, _____, has filed a Complaint/Motion for Legal Custody in the Juvenile Division of the Logan County Common Pleas Court, State of Ohio, requesting the Plaintiff be granted custody of the minor child(ren), namely: _____ for the purpose of acquiring the necessary authority to make decisions with respect to the educational and medical needs of the minor child(ren).

Pursuant to Rule 16 (A) of the Ohio Rules of Juvenile Procedure, this Notice shall be posted in a conspicuous place on the 1st floor of the Logan County Courthouse, and at a conspicuous place at the Logan County Ohio Department of Job and Family Services, 211 East Columbus Avenue, Bellefontaine, Ohio 43311, and the Logan County Health Department, 304 South Main Street, Bellefontaine, Ohio 43311. Said notice shall be posted for seven consecutive days.

In the event you fail to answer or otherwise respond as permitted by the Ohio Rules of Juvenile Procedure within the time period as provided by law, the relief requested by the Plaintiff shall be granted.

This Legal Notice is being posted and mailed in accordance with Juvenile Rule 16 (A).

Plaintiff

Address: _____
