

MARYELLEN O'SHAUGHNESSY
IN THE COURT OF COMMON PLEAS OF FRANKLIN COUNTY, OHIO
DIVISION OF DOMESTIC RELATIONS AND JUVENILE BRANCH

PLAINTIFF/PETITIONER

Case No. _____

DEFENDANT/PETITIONER

CERTIFICATE OF ASSIGNMENT

*To be filed with all NEW Cases requesting an allocation of parental rights or child support
(including a petition for civil protection order; not to be used for CSEA Objections/Complaints)*

(1) The Complaint or Petition requests child support or an allocation of parental rights:

<ul style="list-style-type: none"> • The biological or adoptive parents of the child(ren) are currently married <u>to each other</u>. 	<input type="checkbox"/>	YES		<input type="checkbox"/>	NO
<ul style="list-style-type: none"> • The biological or adoptive parents of the child(ren) were previously married to each other, AND there are existing custody and/or child support orders for any of the biological or adopted children of these same parents, AND these orders are in the divorce, dissolution, or legal separation. 	<input type="checkbox"/>	YES		<input type="checkbox"/>	NO

If the answer to either question is "YES", this matter must be filed in Domestic Relations Court.

(2) Another case between the same parties is currently pending and assigned to:

Judge: _____ Magistrate: _____
Case Number: _____ Court: _____

(3) The foregoing complaint / petition filed herewith **HAS** **HAS NOT**
been previously filed and dismissed or withdrawn.

The complaint / petition that was previously dismissed or withdrawn was:

Case Number: _____

Assigned to: Judge _____

Magistrate _____

I hereby certify that the information contained herein is correct to the best of my knowledge.

Attorney / Party

Internal use only - Related Cases

Case Name	Case Number	Relationship	Notes

IN THE COURT OF COMMON PLEAS OF FRANKLIN COUNTY, OHIO
DIVISION OF DOMESTIC RELATIONS AND JUVENILE BRANCH

VS

and

(your name)
(address)
(city/state/zip)
(other party's name)
(address)
(city/state/zip)
(other party's name)
(address)
(city/state/zip)

CASE NO.: _____
JUDGE: _____
MAGISTRATE: _____

COMPLAINT FOR ALLOCATION OF
PARENTAL RIGHTS AND/OR CUSTODY

1. I am _____, the _____ of the minor child(ren),
(full name) (relationship to child) (listed below)

I live at _____
(full address including zip code)

List Child(ren) Name(s) and Date(s) of Birth(s):

(name) Male Female DOB: _____

2. The child(ren) reside(s) within _____, County, Ohio and has/have for _____
(time period)

3. The natural or biological mother is _____ and her current mailing
(full name)
address is _____
(full address including zip code)

4. The natural or biological father is _____ and his current mailing
(full name)
address is _____
(full address including zip code)

5. The father-child relationship was established by: (Check One – Must be Answered)

- administrative order
 - judicial order
 - paternity registry
 - child(ren) born during marriage
 - paternity has not been established
 - unknown
- Case or Sets Number: _____
Case Number: _____
Registry Number: _____

Mother and Father have never been married to each other are currently married to each other
or have previously been married to each other unknown.

6. A copy of the birth certificate for each child listed above is attached hereto.

7. The child(ren) is(are) is(are) not wards of any other court.
(Check One – Must be Answered)

WHEREFORE, I request the following: **(Check all that are requested)**

- allocation of parental rights and responsibilities
- custody
- shared parenting (must file a proposed shared parenting plan)
- parenting time (between parents)
- visitation /companionship (if you are not the mother or father of the child)
- child support
- approve, adopt and modify or terminate the Administrative Child Support Order # _____ **(MUST attach a copy of current Administrative Child Support Order with current Administrative child support worksheet and a proposed child support worksheet)**
- temporary orders of custody, parenting time, visitation and/or child support as appropriate.
- any other relief the Court deems appropriate
- other: _____

Plaintiff (your signature)

(Address)

Printed Name

(City) (State) (Zip Code)

(Telephone Number)

Email Address

VERIFICATION OF SIGNATURE

The above person appeared before me and stated that the statements contained in the complaint were true to the best of his/her knowledge this ____ day of _____, 20____.

Notary Public

NOTICE OF HEARING

(to be filled out if Complaint is being filed in person; not for use with e-filing)

Please take notice that the complaint will come on for hearing on _____(month) _____(day), _____(year), at _____ am/pm in Courtroom _____, 373 S. High Street, 3rd Floor, Columbus, Ohio 43215.

Plaintiff

**NOTICE: Failure of the Plaintiff to appear will result in dismissal of the Complaint.
Failure of Defendant to appear may result in the hearing of all claims.**

**IN THE FRANKLIN COUNTY COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS AND JUVENILE BRANCH**

Plaintiff/Petitioner 1		Case No.	
		Judge	
vs./and		Magistrate	
Defendant/Petitioner 2/Respondent			

Instructions: Pursuant to Local Domestic Rule 38, Local Juvenile Rule 5 and the Ohio Revised Code, this affidavit is required to be filed and served with the first pleading or motion filed by each party in every domestic and juvenile 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)

ONLY CHECK THE FOLLOWING BOX IF YOU BELIEVE THAT THE HEALTH, SAFETY, OR LIBERTY OF YOURSELF OR YOUR CHILD(REN) WOULD BE JEOPARDIZED BY THE DISCLOSURE OF YOUR ADDRESS OR IDENTIFYING INFORMATION. YOU ACKNOWLEDGE THAT THE COURT MAY CONDUCT A HEARING REGARDING THE BASIS FOR YOUR REQUEST.

Pursuant to R.C. 3127.23(D), I allege that my health, safety, or liberty or that of my child(ren) would be jeopardized by the disclosure of identifying information to my spouse or the public. Therefore, I request that my address be placed under seal. I have marked the corresponding box next to each address I am requesting to be sealed.

1. (Number): _____ Minor child(ren) is/are subject to this case as follows:

Insert the information requested below for all minor or dependent children of the parties. 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"/> M <input type="checkbox"/> F
_____		_____	_____	
Period of residence	Address Confidential	Person child lived with (name and address)		Relationship
to present	<input type="checkbox"/>	_____		_____
to _____	<input type="checkbox"/>	_____		_____
to _____	<input type="checkbox"/>	_____		_____
to _____	<input type="checkbox"/>	_____		_____

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

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

d. Additional children are listed on Attachment 1(d). (Provide requested information for additional children on an attachment labeled 1(d).)

2. **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.

Explain: _____

a. Name of each child: _____

b. Type of case: _____

- c. Court and State: _____
 d. Date and court order or judgment (if any): _____

3. Information about custody case(s): (Check only one box)

I HAVE NO INFORMATION of any 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 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, other than listed in Paragraph 2.

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 criminal convictions:

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.

NAME	CASE NUMBER	COURT/COUNTY/STATE	CHARGE

5. Persons not a party to this case: (Check only one box)

I DO NOT KNOW OF ANY PERSON not a party to this case who has physical custody 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 has/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: _____

**IN THE FRANKLIN COUNTY COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS AND JUVENILE DIVISION**

Plaintiff/Petitioner 1

vs./and

Defendant/Petitioner 2

Case No. _____

Judge _____

Magistrate _____

Instructions: Pursuant to Local Domestic Rule 24 and Local Juvenile Rule 10, this affidavit is required to be filed in all actions for dissolution, divorce or legal separation involving minor children, any complaint for custody, support, paternity, or any answer or counterclaim thereto, and with all motions to establish or modify child support or health insurance coverage. 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)

		<u>Plaintiff/Petitioner 1</u>		<u>Defendant/Petitioner 2</u>				
Is/are your child(ren) currently enrolled in a low-income program (i.e. Healthy Start/ Medicaid)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is/are your child(ren) 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
Is/are your children enrolled in a plan found through the exchange/Affordable HealthCare Marketplace?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is/are your child(ren) 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 your child(ren) is/are not enrolled, do/does he/she/they 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 children's home?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Under the available insurance, what is the annual premium you pay for family coverage?		\$ _____			\$ _____			
Name of group (employer or organization) that provides health insurance	_____		_____					
Address	_____		_____					
Phone Number	_____		_____					

