

## MOTION FOR CHANGE OF PARENTAL RIGHTS AND RESPONSIBILITIES

You should only use these forms if there is already a custody order issued by a Court.

Uniform Dom. Relations 27/ Juv. Form 4	Motion for Change of Parental Rights and Responsibilities (custody).	Tells the Court that you want to change custody.
Uniform Dom. Relations Affidavit #1*	Affidavit of Basic Information, Income and Expenses	Tells the Court about your income situation to establish support
Uniform Dom. Relations Affidavit #3*	Parenting Proceeding Affidavit	Tells the Court where the children have lived for the last five years and the names of the adults responsible for their care during this five-year period (or since birth if under age five).
Uniform Dom. Relations Affidavit #4*	Health Insurance Affidavit	Tells the Court you and your child(ren)'s health insurance information.
	Motion and Affidavit* or Counter Affidavit* for Temporary Orders	
Uniform Dom. Relations 31/ Juv. Form 10	Request for Service	Tells the Court where to send copies to the other party. *Certified Mail is the normal method of service.
OH Sup. Ct. Civil Form 20*	Financial Disclosure/ Fee Waiver Affidavit and Order	Tells the Court you cannot afford to pay the filing fee and asks the Court to waive the prepayment of court costs.

**\*Affidavits must be signed in front of a Notary who will administer an Oath**

### INSTRUCTIONS:

- All forms must either be typed or printed in ink. You must fill out the forms completely before taking them to the Court. The court staff will not help you complete the forms.
- If you did not complete the Financial Disclosure/ Fee Waiver Affidavit, there is a filing fee.
- After completing the forms, you must make copies before you file the forms. You will need one copy for each other party and one copy for yourself. The Court will keep the original documents.
- Once you file the forms, the Clerk will send you notice of any court dates. Attend every court date.
- **NOTE:** If you move, call the Clerk with your new address.

IN THE COURT OF COMMON PLEAS

DIVISION

COUNTY, OHIO

IN THE MATTER OF:

A Minor

Case No.

Name

Street Address

City, State and Zip Code

Plaintiff/Petitioner 1

vs./and

Name

Street Address

City, State and Zip Code

Defendant/Petitioner 2/Respondent

**WARNING: This form is not a substitute for the benefit of the advice of legal counsel.  
It is highly recommended that you consult an attorney.**

**Instructions:** This form is used to request a change in a Shared Parenting Plan, a Parenting Plan, or a change in the designation of the sole residential parent and legal custodian. A Request for Service (Uniform Domestic Relations Form 31/Uniform Juvenile Form 10) and a Parenting Proceeding Affidavit (Uniform Domestic Relations Form – Affidavit 3) must be filed with this Motion. **YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES.**

**MOTION FOR CHANGE OF PARENTAL RIGHTS AND RESPONSIBILITIES (CUSTODY)**

Now comes \_\_\_\_\_ (name), the Movant, and requests a change in the allocation of parental rights and responsibilities (custody) order filed on \_\_\_\_\_ (date) regarding the following minor child(ren):

Supreme Court of Ohio  
Uniform Domestic Relations Form 27  
Uniform Juvenile Form 6

MOTION FOR CHANGE OF PARENTAL RIGHTS AND RESPONSIBILITIES (CUSTODY)

Approved under Ohio Civil Rule 84 and Ohio Juvenile Rule 46

Amended: September 21, 2020

**Name of Child**

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**Date of Birth**

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Parental rights and responsibilities are currently allocated as follows:

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Since the Court issued the existing order, circumstances of the child(ren), residential parent, or legal custodian have changed as follows:

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Movant requests that the Court change the existing order as follows:

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Movant believes that the requested changes are in the child(ren)'s best interest.

Movant requests that the Court order the following: (*check all that apply*)

- Assessing reasonable attorney fees;
- Assessing Court costs of the proceedings;
- and any further relief deemed proper.

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Attorney or Self Represented Party Signature

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Printed Name

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Address

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City, State, Zip

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Phone Number

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Fax Number

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E-mail

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Supreme Court Reg No. (if any)

Supreme Court of Ohio

Uniform Domestic Relations Form 27

Uniform Juvenile Form 6

MOTION FOR CHANGE OF PARENTAL RIGHTS AND RESPONSIBILITIES (CUSTODY)

Approved under Ohio Civil Rule 84 and Ohio Juvenile Rule 46

Amended: September 21, 2020

**IN THE COURT OF COMMON PLEAS**  
\_\_\_\_\_  
**DIVISION**  
\_\_\_\_\_  
**COUNTY, OHIO**

Plaintiff/Petitioner 1

Case No. \_\_\_\_\_

vs./and

Judge \_\_\_\_\_

Magistrate \_\_\_\_\_

Defendant/Petitioner 2

**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. Do not leave any category blank. For each item, if none, put "NONE." 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 BASIC INFORMATION, INCOME, AND EXPENSES**

**Affidavit of** \_\_\_\_\_  
(Print Name)

Date of marriage \_\_\_\_\_ Date of separation \_\_\_\_\_

**SECTION I – BASIC INFORMATION**

Plaintiff/Petitioner 1

Defendant/Petitioner 2

Date of Birth _____	Date of Birth _____
Last 4 Digits of Social Security # XXX-XX-_____	Last 4 Digits of Social Security # XXX-XX-_____
Phone Number _____	Phone Number _____
Email Address _____	Email Address _____
Is an interpreter needed? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, explain: _____	Is an interpreter needed? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, explain: _____
Health: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor If health is not good, please explain:	Health: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor If health is not good, please explain:

Education: (Check highest level achieved) <input type="checkbox"/> Grade School <input type="checkbox"/> High School <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Post Graduate	Education: (Check highest level achieved) <input type="checkbox"/> Grade School <input type="checkbox"/> High School <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Post Graduate
Other Technical Certifications:	Other Technical Certifications:
Active Member of the U.S. Military <input type="checkbox"/> Yes <input type="checkbox"/> No	Active Member of the U.S. Military <input type="checkbox"/> Yes <input type="checkbox"/> No

## SECTION II – INCOME

	<u>Plaintiff/Petitioner 1</u>	<u>Defendant/Petitioner 2</u>
Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Employment	_____	
Name of 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>Plaintiff/Petitioner 1</u>	Year	<u>Defendant/Petitioner 2</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>Plaintiff/Petitioner 1</u>	<u>Defendant/Petitioner 2</u>
Base Yearly Income	\$ _____	\$ _____
Average yearly overtime, commissions, and/or bonuses over last 3 years (from part A)	\$ _____	\$ _____

	<b>Plaintiff/Petitioner 1</b>	<b>Defendant/Petitioner 2</b>
Unemployment Compensation	\$ _____	\$ _____
Disability Benefits	\$ _____	\$ _____
Workers' Compensation	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Retirement Benefits	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Spousal Support Received	\$ _____	\$ _____
Interest and dividend income (source) _____	\$ _____	\$ _____
Other income (type and source) _____	\$ _____	\$ _____
<b>TOTAL YEARLY INCOME</b>	\$ _____	\$ _____
Supplemental Security Income (SSI) and/or public assistance	\$ _____	\$ _____
Social Security or Veteran's benefits received for child(ren)		
<input type="checkbox"/> Based on parent's disability		
<input type="checkbox"/> Based on child's disability	\$ _____	\$ _____
Child support you receive from a child support enforcement agency or court order for minor and/or dependent child(ren) not of the marriage or relationship	\$ _____	\$ _____

### **SECTION III – CHILDREN AND HOUSEHOLD RESIDENTS**

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

<b>Name</b>	<b>Date of birth</b>	<b>Living with</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In addition to the above child(ren):

Plaintiff/Petitioner 1 has \_\_\_\_\_ other minor biological or adopted child(ren).

Defendant/Petitioner 2 has \_\_\_\_\_ other minor biological or adopted child(ren).

There is/are \_\_\_\_\_ adult(s) in your household.

## **SECTION IV – EXPENSES**

List monthly expenses below for your present household.

### **A. MONTHLY HOUSING EXPENSES**

Rent or first mortgage (including taxes and insurance)	\$ _____
Second mortgage/equity line of credit	\$ _____
Real estate taxes (if not included above)	\$ _____
Renter or homeowner's insurance (if not included above)	\$ _____
Homeowner or condominium association fee	\$ _____
Utilities	
° Electric	\$ _____
° Gas, fuel oil, propane	\$ _____
° Water and sewer	\$ _____
° Telephone and/or cell phone	\$ _____
° Trash collection	\$ _____
° Cable/satellite television	\$ _____
° Internet service	\$ _____
Cleaning	\$ _____
Lawn service and/or snow removal	\$ _____
Other: _____	\$ _____
	\$ _____
	\$ _____
<b>TOTAL MONTHLY:</b>	<b>\$ _____</b>

### **B. OTHER MONTHLY LIVING EXPENSES**

Food

° Groceries (including food, paper, cleaning products, toiletries, and other)	\$ _____
° Restaurant	\$ _____

Transportation

° Vehicle loan, lease	\$ _____
° Vehicle maintenance	\$ _____
° Gasoline	\$ _____

◦ Parking, public transportation	\$ _____
Clothing	
◦ Clothes (other than child(ren)'s)	\$ _____
◦ Dry cleaning and laundry	\$ _____
Personal grooming	
◦ Hair and nail care	\$ _____
◦ Other: _____	\$ _____
Other: _____	\$ _____
	<b>TOTAL MONTHLY: \$ _____</b>

**C. MONTHLY MINOR CHILD-RELATED EXPENSES**  
(for child(ren) of the marriage or relationship)

Work and/or education-related child care	\$ _____
Other child care	\$ _____
Extraordinary parenting time travel cost	\$ _____
School tuition	\$ _____
School lunches	\$ _____
School supplies	\$ _____
Extracurricular activities and lessons	\$ _____
Clothing	\$ _____
Child(ren)'s allowances	\$ _____
Special and extraordinary needs of child(ren) (not included elsewhere)	\$ _____
Other: _____	\$ _____
	<b>TOTAL MONTHLY: \$ _____</b>

**D. MONTHLY INSURANCE PREMIUMS**

Life	\$ _____
Auto	\$ _____
Health	\$ _____
Disability	\$ _____
Other: _____	\$ _____
	<b>TOTAL MONTHLY: \$ _____</b>

**E. MONTHLY WORK AND EDUCATION EXPENSES FOR SELF**

Mandatory work expenses (union dues, uniforms, or other)	\$ _____
Additional income taxes paid (not deducted from wages)	\$ _____
Tuition	\$ _____
Books, fees, and other	\$ _____
College loan	\$ _____
Other: _____	\$ _____
	<b>TOTAL MONTHLY: \$</b>

## **F. MONTHLY HEALTH CARE EXPENSES**

(not covered by insurance)

Physicians	\$ _____
Dentists and orthodontists	\$ _____
Optometrists and opticians	\$ _____
Prescriptions	\$ _____
Other: _____	\$ _____

## **G. MISCELLANEOUS MONTHLY EXPENSES**

Extraordinary obligations for other minor/handicapped child(ren) [for child(ren) who were not born of this marriage or relationship and were not adopted by these parties]	\$ _____
Child support for child(ren) who were not born of this marriage or relationship and were not adopted by these parties	\$ _____
Expenses paid for adult child(ren) or other dependent(s)	\$ _____
Spousal support paid to former spouse(s)	\$ _____
Subscriptions and books	\$ _____
Charitable contributions	\$ _____
Memberships (associations and clubs)	\$ _____
Travel and vacations	\$ _____
Pets	\$ _____
Gifts	\$ _____
Attorney fees	\$ _____

Other: \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
**TOTAL MONTHLY:** \$ \_\_\_\_\_

**H. MONTHLY INSTALLMENT PAYMENTS INCLUDING BANKRUPTCY PAYMENTS**

*(Do not repeat expenses already listed.)*

Examples: car, credit card, rent-to-own, or cash advance payments

**OATH OR AFFIRMATION**  
*(Do not sign until Notary Public is present)*

I, (print name) \_\_\_\_\_, swear or affirm that I have read this Affidavit and, to the best of my knowledge and belief, the facts and information stated in this Affidavit are true, accurate, and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

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Your Signature

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )  
                    ) SS  
                    )

Sworn to or affirmed before me by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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Signature of Notary Public

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Printed Name of Notary Public

Commission Expiration Date: \_\_\_\_\_  
(Affix seal here)

IN THE COURT OF COMMON PLEAS

DIVISION

COUNTY, OHIO

Plaintiff/Petitioner 1

Case No. \_\_\_\_\_

vs./and

Judge \_\_\_\_\_

Magistrate \_\_\_\_\_

Defendant/Petitioner 2/Respondent

**Instructions:** Check local court rules to determine when this form must be filed. By law, this affidavit must be filed and served with any Complaint, Petition or Motion regarding the allocation of parental rights and responsibilities, parenting time, custody, or visitation. 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 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
_____		_____	_____	_____
Date 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>b. Child's name</b> _____	<b>Place of birth</b> _____	<b>Date of birth</b> _____	<b>Sex</b> <input type="checkbox"/> <b>M</b> <input type="checkbox"/> <b>F</b>
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Check this box if the information below is the same as in Section 1(a). Skip to the next question.

Date 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>c. Child's name</b> _____	<b>Place of birth</b> _____	<b>Date of birth</b> _____	<b>Sex</b> <input type="checkbox"/> <b>M</b> <input type="checkbox"/> <b>F</b>
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Check this box if the information below is the same as in Section 1(a). Skip to the next question.

Date 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 **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: \_\_\_\_\_

6. I understand that I have a continuing duty to advise this Court of any custody, visitation, parenting time, divorce, dissolution of marriage, separation, neglect, abuse, dependency, guardianship, parentage, termination of parental rights, or protection order from domestic violence case concerning the children about whom information is obtained during this case.

## OATH OR AFFIRMATION

I, (print name) \_\_\_\_\_, swear or affirm that I have read this Affidavit and, to the best of my knowledge and belief, the facts and information stated in this Affidavit are true, accurate, and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

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Your Signature

## STATE OF

) ss

**COUNTY OF** \_\_\_\_\_ )

Sworn to or affirmed before me by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**Signature of Notary Public**

Printed Name of Notary Public

Commission Expiration Date:

(Affix seal here)

IN THE COURT OF COMMON PLEAS

DIVISION

COUNTY, OHIO

Plaintiff/Petitioner 1

vs./and

Case No. \_\_\_\_\_

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 of the relationship. It is also used to determine child support. **If more space is needed, add additional pages.**

**HEALTH INSURANCE AFFIDAVIT**

**Affidavit of** \_\_\_\_\_  
(Print Name)

**Plaintiff/Petitioner 1**

**Defendant/Petitioner 2**

Is/are your child(ren) currently enrolled in a government-provided program (i.e. Healthy Start/ Medicaid)?

Yes  No  Yes  No

Is/are your child(ren) enrolled in an individual (non-group or COBRA) health insurance plan?

Yes  No  Yes  No

Is/are your child(ren) enrolled in a plan found through the exchange/Affordable HealthCare Marketplace?

Yes  No  Yes  No

Is/are your child(ren) enrolled in a health insurance plan through a group (employer or other organization)?

Yes  No  Yes  No

If your child(ren) is/are not enrolled, does/do he/she/they have health insurance available through a group (employer or other organization)?

Yes  No  Yes  No

Does the available insurance cover primary care services within 30 miles of the children's home?

Yes  No  Yes  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

\_\_\_\_\_

Supreme Court of Ohio

Uniform Domestic Relations Form – Affidavit 4

HEALTH INSURANCE AFFIDAVIT

Approved under Ohio Civil Rule 84

Amended: June 1, 2021

**OATH OR AFFIRMATION**  
*(Do not sign until Notary Public is present)*

I, (print name) \_\_\_\_\_, swear or affirm that I have read this Affidavit and, to the best of my knowledge and belief, the facts and information stated in this Affidavit 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

STATE OF \_\_\_\_\_ )  
                    ) **SS**  
COUNTY OF \_\_\_\_\_ )

Sworn to or affirmed before me by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

Commission Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
(Affix seal here)

IN THE COURT OF COMMON PLEAS  
DIVISION  
COUNTY, OHIO

Plaintiff \_\_\_\_\_

Case No. \_\_\_\_\_

vs. \_\_\_\_\_

Judge \_\_\_\_\_

Magistrate \_\_\_\_\_

Defendant \_\_\_\_\_

**WARNING: This form is not a substitute for the benefit of the advice of legal counsel.  
It is highly recommended that you consult an attorney.**

**Instructions:** Check local court rules to determine when this form must be filed. This form is used to request temporary orders in your divorce or legal separation case. After a party serves a Motion and Affidavit, the other party has 14 days to file a Counter Affidavit and serve it on the party who filed the Motion. The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file. **If more space is needed, add additional pages.**

**MOTION AND AFFIDAVIT OR COUNTER AFFIDAVIT  
FOR TEMPORARY ORDERS WITHOUT ORAL HEARING**

Check one box below to show whether you are filing a (A) Motion and Affidavit or (B) Counter Affidavit.

**(A) Motion and Affidavit**

\_\_\_\_\_ (name), the Movant, files this Motion and Affidavit under Civ.R. 75(N) and/or under R.C. 3109.043 to request the temporary orders checked here.

Check only those that apply.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Residential parenting rights (custody)  
Parenting time (companionship or visitation)  
Child support  
Spousal support (if married)  
Payment of debts and/or expenses

THE OTHER PARTY HAS FOURTEEN (14) DAYS FROM THE DATE ON WHICH THIS MOTION IS SERVED TO FILE A COUNTER AFFIDAVIT AND SERVE IT UPON THE PARTY WHO FILED THE MOTION. (See *below*)

**(B) Counter Affidavit**

Movant files this Counter Affidavit in response to a Motion and Affidavit.

**Complete the following information, whether filing Motion and Affidavit or Counter Affidavit.  
(Check all that apply)**

1.  The parties are living separately.  
Date of separation is \_\_\_\_\_.
- The parties are living together.
- The parties have no minor children. (*Skip to number 6*)
- The parties have (a) minor child(ren) who was/were born from or adopted during this relationship.  
(*List child(ren) here*)

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

In addition to the above child(ren),  
Movant has \_\_\_\_\_ other biological or adopted minor child(ren).  
Other party has \_\_\_\_\_ other biological or adopted minor child(ren).  
There is/are \_\_\_\_\_ adult(s) in Movant's household.

2. Movant's child(ren) attend(s) school in:

\_\_\_\_\_ public school district  
 Other: (*Explain*) \_\_\_\_\_  
 All children do not attend school in the same district. (*Explain*)  
\_\_\_\_\_

3.  Movant requests to be named the temporary residential parent and/or legal custodian of the child(ren): (*Specify child(ren) if request is not for all child(ren)*)  
\_\_\_\_\_

Movant does not object to the other parent or party being named the temporary residential parent and/or legal custodian of the child(ren): (*Specify child(ren) if request is not for all child(ren)*)  
\_\_\_\_\_

4.  Movant has reached an agreement regarding parenting time (companionship or visitation) with the other parent or party as follows:  
\_\_\_\_\_

- Movant wishes to exercise the following parenting time (companionship or visitation):

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- Movant wishes for the other parent or party to exercise the following parenting time (companionship or visitation):

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- Movant requests that the other parent or party's parenting time (companionship or visitation) be supervised: (*Explain the reason for request.*)

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Name of an appropriate supervisor \_\_\_\_\_

5.  A Court or agency has made a child support order concerning the child(ren).

Name of Court/Agency \_\_\_\_\_

Date of Order \_\_\_\_\_

SETS No. \_\_\_\_\_

6. Movant requests the Court to order the other parent or party to pay:

- \$ \_\_\_\_\_ child support per month  
 \$ \_\_\_\_\_ spousal support per month (only if married)  
 \$ \_\_\_\_\_ attorney fees, expert fees, Court costs  
 The following debts and/or expenses:

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- Other: \_\_\_\_\_

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7.  Movant is willing to attend mediation.

- Movant is not willing to attend mediation.

8.  Movant requests the following Court services. (See *local rules of Court for available services.*)
- 
- 

State specific reasons why Court services are required.

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\_\_\_\_\_  
Attorney or Self Represented Party Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Supreme Court Reg No. (if any)

#### **OATH OR AFFIRMATION**

I, (print name) \_\_\_\_\_, swear or affirm that I have read this Affidavit and, to the best of my knowledge and belief, the facts and information stated in this Affidavit are true, accurate, and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

\_\_\_\_\_  
Signature

**STATE OF** \_\_\_\_\_ )  
                            ) **SS**  
**COUNTY OF** \_\_\_\_\_ )

Sworn to or affirmed before me by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_.

**NOTICE OF HEARING**

*(Check with local Court to obtain a hearing date and time and for scheduling procedure)*

You are hereby given notice that this Motion for Temporary Orders will come before the Court for consideration on Affidavits only, without oral testimony, before Judge/Magistrate \_\_\_\_\_, at \_\_\_\_\_ a.m./p.m. on \_\_\_\_\_, 20\_\_\_\_\_.

**CERTIFICATE OF SERVICE**

*(Check the boxes that apply)*

I delivered a copy of the:  Motion and Affidavit or  Counter Affidavit

On: (Date) \_\_\_\_\_, 20 \_\_\_\_\_

To: (Print name of other party's attorney or, if there is no attorney, print name of the party)  
\_\_\_\_\_

At: (Print address or fax number)  
\_\_\_\_\_

By:  As instructed in the Request for Service (Uniform Domestic Relations Form 31/Uniform Juvenile Form 10) filed with the Clerk of Courts

- Regular U.S. Mail
- Fax
- Hand Delivery
- Other: \_\_\_\_\_

\_\_\_\_\_  
Signature

IN THE COURT OF COMMON PLEAS

DIVISION  
COUNTY, OHIO

IN THE MATTER OF:

A Minor

Case No. \_\_\_\_\_

Name \_\_\_\_\_

Judge \_\_\_\_\_

Street Address \_\_\_\_\_

Magistrate \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Plaintiff/Petitioner 1

vs./and

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Defendant/Petitioner 2/Respondent

**WARNING: This form is not a substitute for the benefit of the advice of legal counsel.  
It is highly recommended that you consult an attorney.**

**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. The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file. **YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES.**

**REQUEST FOR SERVICE**

TO THE CLERK OF COURT:

Please serve the following documents: (*check all that apply*)

Complaint for Divorce with Children

Supreme Court of Ohio  
Uniform Domestic Relations Form 31  
Uniform Juvenile Form 10

REQUEST FOR SERVICE  
Approved under Ohio Civil Rule 84 and Ohio Juvenile Rule 46  
Amended: September 21, 2020

- Complaint for Divorce without Children
- Complaint for Parentage, Allocation of Parental Rights and Responsibilities
- Petition for Dissolution
- Motion and Affidavit or Counter Affidavit for Temporary Orders
- Motion for Change of Parental Rights and Responsibilities (Custody)
- Motion for Change of Parenting Time (Companionship and Visitation)
- Motion for Change of Child Support, Medical Support, Tax Exemption, or Other Child-Related Expenses
- Motion for Contempt and Affidavit
- Separation Agreement
- Parenting Plan
- Shared Parenting Plan
- Affidavit of Income and Expenses
- Affidavit of Property
- Parenting Proceeding Affidavit
- Health Insurance Affidavit
- Explanation of Health Care Bills
- Agreed Judgment Entry
- Other: (specify) \_\_\_\_\_

Please serve the following parties with the above marked documents:

- Defendant/Petitioner 2/Respondent at \_\_\_\_\_ (address) by:
  - Certified Mail, Return Receipt Requested
  - Issuance to Sheriff of \_\_\_\_\_ County, Ohio for  Personal or  Residence service
  - Other: (specify) \_\_\_\_\_
- Plaintiff/Petitioner 1 at \_\_\_\_\_ (address) by:
  - Certified Mail, Return Receipt Requested
  - Issuance to Sheriff of \_\_\_\_\_ County, Ohio for  Personal or  Residence service
  - Other: (specify) \_\_\_\_\_
- \_\_\_\_\_ County Child Support Enforcement Agency at \_\_\_\_\_ (address) by:
  - Certified Mail, Return Receipt Requested
  - Issuance to Sheriff of \_\_\_\_\_ County, Ohio for  Personal or  Residence service
  - Other: (specify) \_\_\_\_\_

Other \_\_\_\_\_ at \_\_\_\_\_ (address) by:

Certified Mail, Return Receipt Requested

Issuance to Sheriff of \_\_\_\_\_ County, Ohio for  Personal or  Residence service

Other: (specify) \_\_\_\_\_

SPECIAL INSTRUCTIONS TO SHERIFF:

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\_\_\_\_\_  
Attorney or Self Represented Party Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Supreme Court Reg No. (if any)

## **FORM 20. CIVIL FEE WAIVER AFFIDAVIT AND ORDER**

IN \_\_\_\_\_

Pursuant to R.C. 2323.311, the below-named Applicant requests that the Court determine that the Applicant is an indigent litigant and be granted a waiver of the prepayment of costs or fees in the above captioned matter. The Applicant submits the following information in support of said request.

Personal Information			
Applicant's First Name		Applicant's Last Name	
Applicant's Date of Birth		Last 4 Digits of Applicant's SSN	
Applicant's Address			
Other Persons Living in Your Household			
First Name	Last Name	Is this person a child under 18?	Relationship (Spouse or Child)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Public Benefits			
I receive the following public benefits and my gross income, including the cash benefits marked below, does not exceed <b>187.5%</b> of the federal poverty guidelines.			
Place an "X" next to any benefits you receive.			
Ohio Works First <sup>1</sup> : <input type="checkbox"/> SSI <sup>2</sup> : <input type="checkbox"/> Medicaid <sup>3</sup> : <input type="checkbox"/> Veterans Pension Benefit <sup>4</sup> : <input type="checkbox"/> SNAP / Food Stamps <sup>5</sup> : <input type="checkbox"/>			
Monthly Income			
I am <b>NOT</b> able to access my spouse's income <input type="checkbox"/>			
	Applicant	Spouse (If Living in Household)	Total Monthly Income

Gross Monthly Employment Income, including Self-Employment Income (Before Taxes)	\$	\$	\$
Unemployment, Worker's Compensation, Spousal Support (If Receiving)	\$	\$	\$
<b>TOTAL MONTHLY INCOME</b>			\$
<b>Liquid Assets</b>			
<b>Type of Asset</b>	<b>Estimated Value</b>		
Cash on Hand	\$		
Available Cash in Checking, Savings, Money Market Accounts	\$		
Stocks, Bonds, CDs	\$		
Other Liquid Assets	\$		
<b>Total Liquid Assets</b>			\$
<b>Monthly Expenses</b>			
<b>Column A</b>		<b>Column B</b>	
<b>Type of Expense</b>	<b>Amount</b>	<b>Type of Expense</b>	<b>Amount</b>
Rent / Mortgage / Property Tax / Insurance	\$	Insurance (Medical, Dental, Auto, etc.)	\$
Food / Paper Products/Cleaning Products/Toiletries	\$	Child or Spousal Support that You Pay	\$
Utilities (Heat, Gas, Electric, Water / Sewer, Trash)	\$	Medical / Dental Expenses or Associated Costs of Caring for a Sick or Disabled Family Member	\$
Transportation / Gas	\$	Credit Card, Other Loans	\$
Phone	\$	Taxes Withheld or Owed	\$
Child Care	\$	Other (e.g. garnishments)	\$
<b>Total Column A Expenses</b>		<b>Total Column B Expenses</b>	
<b>TOTAL MONTHLY EXPENSES</b> (Column A + Column B)			

I, \_\_\_\_\_, hereby certify that the information I have provided on  
 (Print Name)  
 this financial disclosure form is true to the best of my knowledge and that I am unable to prepay the costs  
 or fees in this case.

\_\_\_\_\_  
 Signature

**NOTARY PUBLIC:**

Sworn to before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
 in \_\_\_\_\_ County, Ohio.

\_\_\_\_\_  
 Notary Public (Signature)

\_\_\_\_\_  
 Notary Public (Printed)  
 My Commission expires: \_\_\_\_\_

If available, an individual duly authorized to administer this oath at the Clerk of Court's Office will do so  
 at no cost to the Applicant.

**ORDER**

- Upon the request of the Applicant and the Court's review, the Court finds that the Applicant IS an indigent litigant and **GRANTS** a waiver of the prepayment of costs or fees in this matter. Pursuant to R.C. 2323.311(B)(3), upon the filing of a civil action or proceeding and the affidavit of indigency under division (B)(1) of this section, the clerk of the court shall accept the action, motion, or proceeding for filing.
- Upon the request of the Applicant and the Court's review, the Court finds that the Applicant is NOT an indigent litigant and **DENIES** a waiver of the prepayment of costs or fees in this matter. Applicant is granted thirty (30) days from the issuance of this Order to make the required advance deposit or security. Failure to do so within the time allotted may result in dismissal of the applicant's filing.

**IT IS SO ORDERED**

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Judge / Magistrate

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Date

[Effective: April 15, 2020; amended effective April 15, 2022; July 1, 2023.]