

## MOTION FOR CONTEMPT

Form	Form Name	Purpose and Instructions
Uniform Dom. Relations Form #24/Juv. Form 3*	Motion for Contempt, Affidavit, and Instructions for Service	Asks the Court to find the other party in contempt for failing to follow the court order.  The last page asks where who you want served with the documents and where to serve them. *Certified Mail is the normal method of service.
Uniform Dom. Relations Form #25/Juv. Form 4	Show Cause Order and Notice.	You should complete the first page. The Court will complete and sign the second page of this Order to bring the other person into Court.
Uniform Dom. Relations Affidavit #1*	Affidavit of Basic Information, Income and Expenses	Complete this form IF the case involves spousal support or child support.
Uniform Dom. Relations Affidavit #3*	Parenting Proceeding Affidavit	Complete this form IF the case involves custody or visitation of minor child(ren). 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 Form #29/Juv. Form 8	Explanation of Health Care Bills	Use this form if the other party has not paid the required medical bills.
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 the 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 \_\_\_\_\_

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 to request the enforcement of a Court order and hold the other party in contempt for violating the Court order. A proposed Show Cause Order and Notice (Uniform Domestic Relations Form 25/Uniform Juvenile Form 4) must be filed with this Motion. 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.**

**MOTION FOR CONTEMPT, AFFIDAVIT, AND INSTRUCTIONS FOR SERVICE**

Now comes \_\_\_\_\_ (name), the Movant, and requests an order for \_\_\_\_\_ (other party's name) to appear and show cause why he/she should not be held in contempt for violating a Court order regarding the following: (check all that apply)

1.  Interference with parenting time or other parenting orders filed on \_\_\_\_\_ (date), as follows:  
\_\_\_\_\_  
\_\_\_\_\_
2.  Failure to pay child support as required by the order filed on \_\_\_\_\_ (date). The total arrearage owed is \$\_\_\_\_\_ as reflected in the attached printout from the County Child Support Enforcement Agency.
3.  Failure to pay spousal support as required by the order filed on \_\_\_\_\_ (date). The total arrearage owed is \$\_\_\_\_\_ as reflected in the attached printout from the County Child Support Enforcement Agency, if spousal support is paid through the agency.
4.  Failure to pay or reimburse health care expenses incurred for the minor child(ren) as required by the order filed on \_\_\_\_\_ (date). The total amount owed is \$\_\_\_\_\_ as reflected in the attached Explanation of Health Care Bills (Uniform Domestic Relations Form 29/Uniform Juvenile Form 8).
5.  Failure to comply with the Court's order(s) filed on \_\_\_\_\_ (date) regarding:  
*(check all that apply)*
  - Transfer of real estate, as follows: \_\_\_\_\_  
\_\_\_\_\_
  - Payment of debt, as follows: \_\_\_\_\_  
\_\_\_\_\_
  - Refinance of debt, as follows: \_\_\_\_\_  
\_\_\_\_\_
  - Distribution of personal property, as follows: \_\_\_\_\_  
\_\_\_\_\_
  - Other: (specify) \_\_\_\_\_  
\_\_\_\_\_

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

- Finding \_\_\_\_\_ (other party's name) in contempt of Court;
- 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

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

Supreme Court Reg No. (if any)

## OATH OR AFFIRMATION

I, \_\_\_\_\_ (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.

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**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)

**Supreme Court of Ohio  
Uniform Domestic Relations Form 24  
Uniform Juvenile Form 3  
MOTION FOR CONTEMPT, AFFIDAVIT, AND INSTRUCTIONS FOR SERVICE  
Approved under Ohio Civil Rule 84 and Ohio Juvenile Rule 46  
Amended: September 21, 2020**

## INSTRUCTIONS TO THE CLERK

To the Clerk of Courts:

Please serve the Motion for Contempt, Affidavit, Show Cause Order and Notice and Instructions to the Clerk on the following party as I have indicated below:

\_\_\_\_ Plaintiff/Defendant/Petitioner/Respondent/Other Party by:

Certified Mail, Return Receipt Requested

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

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

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Signature

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

Magistrate

Plaintiff/Petitioner 1

vs./and

Name

Street Address

City, State and Zip Code

Defendant/Petitioner 2/Respondent

**Instructions:** This form is used to bring the other party to Court to defend his/her failure to follow the Court order. A Motion for Contempt, Affidavit, and Instructions for Service (Uniform Domestic Relations Form 24/Uniform Juvenile Form 3) must be filed with this order.

**SHOW CAUSE ORDER AND NOTICE**

TO:

PLAINTIFF/DEFENDANT/PETITIONER/RESPONDENT/OTHER PARTY

You are hereby ORDERED to appear and show cause why you should not be held in contempt for failure to obey the Court order as described in the Motion for Contempt.

Supreme Court of Ohio

Uniform Domestic Relations Form 25

Uniform Juvenile Form 4

SHOW CAUSE ORDER AND NOTICE

Approved under Ohio Civil Rule 84 and Ohio Juvenile Rule 46

Amended: September 21, 2020

**NOTICE OF HEARING**  
(The Court will complete this part.)

You are ORDERED to appear in the \_\_\_\_\_ County Common Pleas Court  
Division, in Courtroom \_\_\_\_\_ located at \_\_\_\_\_  
on \_\_\_\_\_ at \_\_\_\_\_ o'clock and show cause why you should  
not be held in contempt of this Court.

**NOTICE**

1. Failure to appear as ordered may result in the issuance of a bench warrant for an immediate arrest.
2. Failure to appear may result in an immediate income withholding or deduction.
3. You have the right to be represented by an attorney.
4. If you cannot afford an attorney, you must apply for a public defender or appointed counsel, as appropriate, within three business days after receipt of this show cause order.
5. A continuance may not be granted to obtain counsel if you have made no good faith effort to secure one.
6. If found guilty, you may be sentenced as follows:
  - a. First offense – a fine of not more than \$250.00 and/or a definite term of imprisonment of not more than thirty (30) days in jail or both.
  - b. Second offense – a fine of not more than \$500.00 and/or a definite term of imprisonment of not more than sixty (60) days in jail or both.
  - c. Third offense – a fine of not more than \$1,000.00 and/or a definite term of imprisonment of not more than ninety (90) days in jail or both.
7. The Court may grant you limited driving privileges under R.C. 4510.021 if your driver's license was suspended based on a notice issued by a child support enforcement agency because you are in default under a child support order or you have failed to comply with a subpoena or warrant issued by a court or agency with respect to a proceeding to enforce a child support order. You must request limited driving privileges and your request must be accompanied by a recent copy of your driver's abstract driving record from the registrar of motor vehicles.

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\_\_\_\_\_  
JUDGE/MAGISTRATE

**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**

## 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.

<b>a. 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>
_____		_____	_____	_____
<b>Date of residence</b>	<b>Address Confidential</b>	<b>Person child lived with (name and address)</b>		<b>Relationship</b>
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**  
*(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** \_\_\_\_\_

) 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)

Name of Child: \_\_\_\_\_

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

**Instructions:** This form is used when you are claiming the other party has not paid health care bills. **Use a separate form for each child.** A Motion for Contempt and Affidavit (Uniform Domestic Relations Form 24/Uniform Juvenile Form 3) and a Show Cause Order and Notice to the Clerk (Uniform Domestic Relations Form 25/Uniform Juvenile Form 4) must be filed. You must bring copies of health care bills, Explanation of Benefits forms, and proof of payment to the hearing. Be prepared to indicate the amount owed to you, service providers, collection agencies, or other entities. **If more space is needed, add additional pages.** The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file.

## **EXPLANATION OF HEALTH CARE BILLS**

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Your Signature

Date

**Total Amount of Claim \$**

Supreme Court of Ohio  
Uniform Domestic Relations Form 29  
Uniform Juvenile Form 8  
Explanation of Health Care Bills  
Approved under Ohio Civil Rule 84 and Ohio Juvenile Rule 46  
Amended: September 21, 2020

## **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.]