

## NON-PARENT: COMPLAINT FOR CUSTODY

These forms are used for a non-parent to ask the Court to grant you custody when a case has never been filed in Court for this child AND the parents of the children are married. If there are multiple children, some courts may require you to file a packet for each child.

If a case has already been filed, you must file the Motion to Intervene Packet.

These forms should be filed in the **Common Pleas Court (Domestic Relations Division)**

	Complaint for Custody	Tells the Court that you want the Court to give you custody of the minor children
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 5).
JFS 07076	IVD Application	Application for child support services
	Motion and Affidavit* for Temporary Orders	Tells the Court you want to have an Order for custody in place while the court case is pending.
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*	Civil Fee Waiver Affidavit and Order	Tells the Court you cannot afford to pay the filing fee

**\*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 poverty 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 original documents will be filed with the Court.
- Once you file the forms, the Clerk will send you notice of any court dates. Attend all these court dates.
- **NOTE:** If you move, call the Clerk with your new address.

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

\_\_\_\_\_  
(name)  
\_\_\_\_\_  
\_\_\_\_\_  
(address)

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

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

**Plaintiff**  
vs.

\_\_\_\_\_  
(name)  
\_\_\_\_\_  
\_\_\_\_\_  
(address)

**COMPLAINT/MOTION FOR CUSTODY  
(NON-PARENT)**

**Defendant (Parent 1)**  
And

\_\_\_\_\_  
(name)  
\_\_\_\_\_  
\_\_\_\_\_  
(address)

**Defendant (Parent 2)**

Now Comes Plaintiff and states as follows:

1. The Plaintiff is a \_\_\_\_\_ of the following children:

Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

2. Defendants, \_\_\_\_\_ (name Parent 1) and  
\_\_\_\_\_ (name Parent 2) are the parents of the  
children.
3. Defendants are married and pursuant to R.C. §2151.233(A), the domestic relations court  
has jurisdiction to determine custody or support regarding a child if the child's parents  
are married to each other and this child is not a ward of another court of this state.
4. The children have resided in \_\_\_\_\_ County, Ohio since  
\_\_\_\_\_ (date).
5. No Court has issued an order of parenting or support for the children.
6. I am asking the Court to grant me custody of the children named above for the following  
reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
7. Plaintiff requests that the Court: (check all that apply)
- ☐ Designate the residential parent and legal custodian of the children.
  - ☐ Order reasonable parenting time (companionship and visitation).
  - ☐ Order child support, allocate the income tax dependency exemption, and  
determine who should provide health insurance coverage for the children.
  - ☐ Other: (specify) \_\_\_\_\_

Respectfully submitted,

\_\_\_\_\_  
(Your Signature)

\_\_\_\_\_  
Print Name

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Street Address

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City, State, Zip

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Telephone

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E-mail

**IN THE COURT OF COMMON PLEAS**

**DIVISION**

**COUNTY, OHIO**

\_\_\_\_\_  
Plaintiff/Petitioner 1

vs./and

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

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"/> M <input type="checkbox"/> F
<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"/> M <input type="checkbox"/> F
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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"/> M <input type="checkbox"/> F
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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.

\_\_\_\_\_  
 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)



\_\_\_\_\_ CSEA  
(county)

<Applicant Name> \_\_\_\_\_  
<Applicant Address 1> \_\_\_\_\_  
<Applicant Address 2> \_\_\_\_\_  
<Applicant City, State, ZIP> \_\_\_\_\_

## APPLICATION FOR CHILD SUPPORT SERVICES NON-PUBLIC ASSISTANCE APPLICANT/RECIPIENT

IMPORTANT: If you are receiving ADC or Medicaid, do not complete this application because you became eligible for child support services when you signed the ADC/Medicaid application.

I, \_\_\_\_\_, request child support services from the \_\_\_\_\_ CSEA (Child Support Enforcement Agency). I understand and agree to the following:

- A. I am a resident of the county in which services are requested and no other Ohio county has jurisdiction over support – OR – I am requesting services from the Ohio county of jurisdiction.
- B. The only fee that can be charged for services is a one dollar application fee. Some counties pay this fee for the applicants.
- C. Recipients of child support services shall cooperate to the best of their ability with the CSEA. (See attached rights and responsibility information).
- 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.

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 Only Services', if the sole need is to find the whereabouts of the absent parent.
- 2. **Establishment or Adjustment 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 (adjustment), and to establish a medical support order.
- 3. **Enforcement of Existing Orders.**  
The CSEA can help you collect current and past-due child support.
- 4. **Federal and State Income Tax Refund Offset Submittals for the Collection of Child Support Arrearages.**  
The agency can collect past-due support (arrearages) by intercepting a payor's federal and state income tax refunds in 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 past-due 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. Past-due support collected will be paid to you until all of the past-due support you are owed is paid.
- 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.

## APPLICANT INFORMATION

Name:	_____	Date of Birth:	_____
Home Address:	_____	Mailing Address:	_____
	_____		_____
	_____		_____
Home Phone #:	_____		
Social Security #:	_____	Sex:	_____
Race:	_____	<input type="checkbox"/> Single	<input type="checkbox"/> Married
Relationship to Children:	_____	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated
Military Service	_____	Ever been on	
(Branch, Dates):	_____	Public Assistance?	_____
	_____	(When and Where)	_____
	_____		_____

## EMPLOYER INFORMATION

Employer Name:	_____	Employer Phone #:	_____
Employer	_____	Is Medical Insurance Available?	_____
Address:	_____		_____
	_____		_____
	_____		_____

	CHILD 1	CHILD 2	CHILD 3
Name:	_____	_____	_____
Sex:	_____	_____	_____
Race:	_____	_____	_____
Social Security #:	_____	_____	_____
Date of Birth:	_____	_____	_____
Home Address:	_____	_____	_____

Location of Birth: (Country, State, City)			
Has Paternity (Fatherhood) been Established?			
Name(s) of Absent Parent(s):			
Is there an Order for Support?			
Is the Child covered by Medical Insurance?			

### ABSENT PARENT INFORMATION

	PARENT 1	PARENT 2	PARENT 3
Name (and alias):			
Home Address:			
Mailing Address:			
Social Security #:			
Date of Birth:			
Location of Birth (Country, State, City):			
Race:			
Sex:			
Height / Weight:			
Hair / Eye Color:			
Identifying Marks (Tattoos, scars, etc.):			
Names of Children:			
Name and Address of Employer:			

Employer Phone #:		
Medical Insurance Provided?		
Support Order #:		
Date of Support Order:		
Amount of Support:	\$	\$
Order Frequency:	Per	Per
Location where Order was issued:		
Military Service (Branch, Dates):		
Ever Incarcerated? (Location, Dates):		
Arrest Record (Location, Dates):		
Name, Address		
Current Spouse:		
Father's Name:		
Mother's Name (Maiden):		
Ever been on Public Assistance? (Location, Dates)		

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: \_\_\_\_\_

IN THE COURT OF COMMON PLEAS

DIVISION

COUNTY, OHIO

Plaintiff

vs.

Defendant

Case No.

Judge

Magistrate

**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.

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Supreme Court Reg No. (if any)

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.

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

Name

Street Address

City, State and Zip Code

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

Judge \_\_\_\_\_

Magistrate \_\_\_\_\_

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

- ☐ 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 \_\_\_\_\_

	)	CASE NO.
	)	
Plaintiff,	)	JUDGE
	)	
vs.	)	
	)	<b><u>FINANCIAL DISCLOSURE / FEE-</u></b>
	)	<b><u>WAIVER AFFIDAVIT</u></b>
Defendant.	)	<b><u>AND ORDER</u></b>

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> : ____ SSI <sup>2</sup> : ____ Medicaid <sup>3</sup> : ____ Veterans Pension Benefit <sup>4</sup> : ____ SNAP / Food Stamps <sup>5</sup> : ____			
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 (Column A + Column B)</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.]