

Delaware County Supplemental Forms
**Filing A Complaint for Parentage, Allocation of Parental Rights and Responsibility
(Custody), and Parenting Time (Visitation)**

This packet is for parents seeking to establish parental rights and responsibilities (custody) and/or parenting time (visitation) **and there is no other custody order regarding the child.** You must file a separate set of filings for each child. We suggest you read these instruction pages completely before starting to complete the included forms.

You are receiving a packet of documents to file in Court, pro se, to establish parentage, allocate parental rights and responsibilities (custody), and parenting time (visitation). Please note that this packet is intended to help you comply with the local rule requirements of the Common Pleas Court of Delaware County Domestic Relations Division at the time this packet was created. The Local Rules may change and you may want to check the local rules, at <https://clerkofcourts.co.delaware.oh.us/local-rules/> before you file. You will need another packet with Ohio Supreme Court Forms, in addition to this packet of forms, to file. Please make sure you have both packets of forms before you file.

When you have completed the forms in this packet and the Ohio Supreme Court forms you are ready to file at the Clerk of Courts. You should file these forms in the Common Pleas Court of Delaware County, Domestic Relations Division. You will file at The Clerk of Court, located in the Common Pleas Court of Delaware County, 117 N. Union St., Delaware, Ohio. The Clerk of Court is located on the third floor. We suggest you bring copies when you file. Copies should be made after you have the documents fully completed and notarized. You should bring four (4) copies of the complaint and three (3) copies of every other filing. If you do not have copies made, the Clerk will make copies at a charge to you. We do not know what this charge will be. We suggest you keep a copy of everything you file, and everything the other parent files, with your important papers.

CAUTION: Divorce and custody affect important rights and involve difficult legal concepts. If you can afford an attorney, it would be reckless to proceed without one.

Remember, the other parent's attorney does not represent you and you should not rely upon them for advice or explanations.

By providing these forms, the Legal Aid Society of Columbus and the attorneys who are on its staff have **NOT** agreed to represent you and **WILL NOT** be available to answer your questions regarding these forms.

Forms & Information Needed to File in Delaware County

Form Name	Purpose
Case Designation Form	This form is required. Provide the requested information to the best of your ability. Write the words “pro se” by Sup. Ct. No. In most cases you will place an “X” by “Establishment of Parentage (Paternity).”
Duty to Keep Court Advised of Address Form	This form is recommended, but not required. Complete the blank sections and attach a copy to your Complaint (Uniform Domestic Relations Form 23/Uniform Juvenile Form 2), found in the Ohio Supreme Court Packet. Read this Notice carefully. It outlines your duty to keep the Court informed of your address during the case.
Parenting Supplemental Information Affidavit	This affidavit is required. This affidavit will gather information regarding you and the other parent’s children. This is an affidavit, which means it is a sworn statement. It is important you ensure everything in this document is correct because it is signed under oath. Ensure everything is correct and complete any blank areas, even if you must write “unknown.” Do not sign this document until you are in front of a notary.
Party Supplemental Information Affidavit	This affidavit is required. This affidavit will gather information regarding you and the other parent. This is an affidavit so you should be sure to sign it in front of a notary.
Application for Child Support Services (IV-D Application)	This form may be required, depending on your situation. If you are not receiving public assistance (such as food stamps/SNAP, Medicaid, cash assistance, etc.) you must complete this form and submit it to Child Support Enforcement Agency. You must complete this form, even if you are not requesting child support.
Required Child Support Notices And Orders	<i>Do NOT file this with your other paperwork.</i> This is an addendum with required child support notices. By law, these notices must be attached to a final judgment entry. The Court may request you complete a Judgement Entry and you should attach this form to the entry.
Required Parenting Notices And Orders	<i>Do NOT file this with your other paperwork.</i> This is an addendum with required parenting notices. By law, these notices must be attached to a final judgment entry. The Court may request you complete a Judgement Entry and you should attach this form to the entry.
Parentage Checklist	<i>Do NOT file this with your other paperwork.</i> This is an informational checklist put together by the Court to ensure you have everything needed to file.

IN THE COURT OF COMMON PLEAS OF DELAWARE COUNTY, OHIO
DOMESTIC RELATIONS DIVISION

CLASSIFICATION FORM

CASE NO. _____

JUDGE RANDALL D. FULLER

PLEASE INDICATE CLASSIFICATION INTO WHICH THIS CASE FALLS:

DOMESTIC RELATIONS DIVISION

- | | | | |
|--------------------------|---|---|---|
| <input type="checkbox"/> | Divorce/Termination of Marriage, with children | - | A |
| <input type="checkbox"/> | Legal Separation, with children | - | A |
| <input type="checkbox"/> | Annulment, with children | - | A |
| <input type="checkbox"/> | Divorce/Termination of Marriage, no children | - | B |
| <input type="checkbox"/> | Legal Separation, no children | - | B |
| <input type="checkbox"/> | Annulment, no children | - | B |
| <input type="checkbox"/> | Dissolution of Marriage, with children | - | C |
| <input type="checkbox"/> | Dissolution of Marriage, no children | - | D |
| <input type="checkbox"/> | Motion/Complaint for Custody or Change of Custody | - | E |
| <input type="checkbox"/> | Motion for Visitation: Enforcement or Modification | - | F |
| <input type="checkbox"/> | Motion for Contempt regarding visitation with children | - | F |
| <input type="checkbox"/> | Motion for Child/Spousal Support Enforcement/Modification | - | G |
| <input type="checkbox"/> | Child Support Enforcement Agency Filings | - | G |
| <input type="checkbox"/> | Motion for Contempt, child/spousal support | - | G |
| <input type="checkbox"/> | Domestic Violence | - | H |
| <input type="checkbox"/> | Dating Violence | - | H |
| <input type="checkbox"/> | U.I.F.S.A. | - | I |
| <input type="checkbox"/> | Establishment of Parentage (Paternity) | - | J |
| <input type="checkbox"/> | Motion for Contempt (not child/spousal support, not visitation) | - | K |
| <input type="checkbox"/> | All Others | - | K |

Please mark all of the following that apply:

- I have previously been involved in a court case with the same parties or same children
 I have consulted with attorneys at Legal Aid
 I have consulted with attorneys at Andrews House
 I have consulted with attorneys at both Legal Aid and Andrews House

PLEASE PRINT OR TYPE THE INFORMATION REQUESTED BELOW

Name: _____ Sup Ct. No.(if applicable): _____

Address: _____ Fax No.: _____

_____ Email: _____

Phone: _____

The Delaware County Clerk of Courts office recommends that you seek legal counsel before filing your documents. If you choose to represent yourself, the Clerk's office cannot and will not offer legal advice. Depending on your situation, the packets made available to you may or may not be all inclusive. All pleadings, motions and other filings shall comply in form and content with the Ohio Rules of Civil Procedure and the Local Rules of both the General Division and Domestic Relations Division of the Delaware County Common Pleas Court.

DUTY TO KEEP COURT ADVISED OF ADDRESS

During the pendency of any case or Motion, all Notices directed to a Party to the case will be sent to the address the Party has listed upon the Complaint, Petition or Motion. All Parties to a case not represented by an attorney, must, during the pendency of the case advise the Court, in writing, of his or her address if the address is different than that listed upon the Complaint, Petition or Motion or if the address otherwise changes during the pendency of the case. Failure to do so may result in Hearings being had and relief granted in default of a Party's appearance.

A copy of this Rule shall be served with all Complaints, Petitions and Motions filed on or after January 2, 1990.

The Form contained herein may be used to comply with this Rule and should be sent or delivered to the Clerk of the Court of Common Pleas of Delaware County, Ohio, Second Floor, the Delaware County Courthouse, 91 North Sandusky Street, Delaware, Ohio 43105-1795. Additional copies of this Form may be obtained from the Clerk.

TO THE CLERK OF THE COURT OF COMMON PLEAS OF DELAWARE, OHIO:

REGARDING CASE NAME: _____ CASE NO.: _____

Now comes _____, the _____ herein, and advises the Court that my addresses are as follows:

Residence address:

Mailing address, if different

Signed: _____

Work-related Day Care Paid by Petitioner/Plaintiff Day Care Provider: Cost (per week/month)	Work-related Day Care Paid by Petitioner/Defendant Day Care Provider: Cost (per week/month)
Cost of Health Insurance Coverage Paid For by Petitioner/Plaintiff Family Coverage Cost: Single Employee Cost:	Cost of Health Insurance Coverage Paid For by Petitioner/Defendant Family Coverage Cost: Single Employee Cost:

OATH

(Do not sign until notary is present.)

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

Your Signature

Sworn before me and signed in my presence this _____ day of _____, _____.

Notary Public

My Commission Expires:

Prior Employment History:	Prior Employment History:
Health/Disability Impairment to Employment:	Health/Disability Impairment to Employment:

OATH

(Do not sign until notary is present.)

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

Your Signature

Sworn before me and signed in my presence this _____ day of _____, _____.

Notary Public

My Commission Expires:

**APPLICATION FOR CHILD SUPPORT SERVICES
NON-PUBLIC ASSISTANCE APPLICANT/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 <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Relationship to Children: _____	
Military Service (Branch, Dates): _____ _____	Ever been on Public Assistance? (When and Where) _____ _____

EMPLOYER INFORMATION

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

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

Location of Birth:
(Country, State, City)

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Has Paternity
(Fatherhood)
been Established?

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Name(s) of
Absent Parent(s):

--	--	--

Is there an Order
for Support?

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Is the Child
covered by Medical
Insurance?

--	--	--

ABSENT PARENT INFORMATION

PARENT 1

PARENT 2

PARENT 3

Name (and alias):

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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	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: _____

REQUIRED CHILD SUPPORT NOTICES AND ORDERS

IT IS ORDERED, that the following Notices and Orders are hereby incorporated as part of this Order:

The following children are the subject(s) of this child support order (if there are more than four (4) children subject to this order, attach a separate piece of paper with the names and dates of birth of the other child(ren)):

Name and Date of Birth

Name and Date of Birth

Name and Date of Birth

Name and Date of Birth

Until the wage withholding order is in effect, or if the withholding Order is not possible, then the Obligor will make the support payments directly to the Delaware County Child Support Enforcement Agency, 145 N. Union St., Delaware, OH 43015. Any support payments made by the Obligor directly to the Obligee may be considered as a gift by the Court and may not be credited against the support obligation of the Obligor.

All support under this order shall be withheld or deducted from the income or assets of the Obligor pursuant to a withholding or deduction notice or appropriate order issued in accordance with Chapters 3119, 3121, 3123, and 3125 of the Revised Code or a withdrawal directive issued pursuant to section 3123.24 to 3123.38 of the Revised Code and shall be forwarded to the Obligee in accordance with Chapters 3119, 3121, 3123, and 3125 of the Revised Code.

EACH PARTY TO THIS SUPPORT ORDER MUST NOTIFY THE CHILD SUPPORT ENFORCEMENT AGENCY IN WRITING OF HIS OR HER CURRENT MAILING ADDRESS, CURRENT RESIDENCE ADDRESS, CURRENT RESIDENCE TELEPHONE NUMBER, CURRENT DRIVER'S LICENSE NUMBER, AND OF ANY CHANGES IN THAT INFORMATION. EACH PARTY MUST NOTIFY THE AGENCY OF ALL CHANGES UNTIL FURTHER NOTICE FROM THE COURT OR AGENCY, WHICHEVER ISSUED THE SUPPORT ORDER.

IF YOU ARE THE OBLIGOR UNDER A CHILD SUPPORT ORDER AND YOU FAIL TO MAKE THE REQUIRED NOTIFICATIONS, YOU MAY BE FINED UP TO \$50 FOR A FIRST OFFENSE, \$100 FOR A SECOND OFFENSE, AND \$500 FOR EACH SUBSEQUENT OFFENSE. IF YOU ARE AN OBLIGOR OR OBLIGEE UNDER ANY SUPPORT ORDER ISSUED BY A COURT AND YOU WILLFULLY FAIL TO GIVE THE REQUIRED NOTICES, YOU MAY BE

FOUND IN CONTEMPT OF COURT AND BE SUBJECTED TO FINES UP TO \$1,000 AND IMPRISONMENT FOR NOT MORE THAN 90 DAYS.

IF YOU ARE AN OBLIGOR OR OBLIGEE AND YOU FAIL TO GIVE THE REQUIRED NOTICES TO THE CHILD SUPPORT ENFORCEMENT AGENCY. YOU MAY NOT RECEIVE NOTICE OF THE CHANGES AND REQUESTS TO CHANGE THE CHILD SUPPORT AMOUNT, HEALTH CARE PROVISIONS, OR TERMINATION OF THE CHILD SUPPORT ORDER. IF YOU ARE AN OBLIGOR AND YOU FAIL TO GIVE THE REQUIRED NOTICES, YOU MAY NOT RECEIVE NOTICE OF THE FOLLOWING ENFORCEMENT ACTIONS AGAINST YOU: IMPOSITION OF LIENS AGAINST YOUR PROPERTY; LOSS OF YOUR PROFESSIONAL OR OCCUPATIONAL LICENSE, DRIVERS LICENSE, OR RECREATIONAL LICENSE; WITHHOLDING FROM YOUR INCOME; ACCESS RESTRICTION AND DEDUCTION FROM YOUR ACCOUNTS IN FINANCIAL INSTITUTIONS; AND ANY OTHER ACTION PERMITTED BY LAW TO OBTAIN MONEY FROM YOU TO SATISFY YOUR SUPPORT OBLIGATION.

The parent who is the residential parent and legal custodian of a child for whom a child support order is issued or the person who otherwise has custody of a child for whom a child support order is issued shall immediately notify, and the Obligor under a child support order may notify, the child support enforcement agency administering the child support order of any reason for which the child support order should terminate, including but not limited to, the child's attainment of the age of majority if the child no longer attends an accredited high school on a full-time basis and the child support order requires support to continue past the age of majority only if the child continuously attends such a high school after attaining that age; the child ceasing to attend an accredited high school on a full-time basis after attaining the age of majority, if the child support order requires support to continue past the age of majority only if the child continuously attends such a high school after attaining that age; or the death, marriage, emancipation, enlistment in the armed services, deportation, change of legal custody, or adoption of the child, or the death of the obligor or marriage of the obligor to the obligee. With respect to a court child support order, a willful failure to notify the child support enforcement agency as required by this division is contempt of court.

Regardless of the frequency or amount of support payments to be made under the order, the child support enforcement agency required to administer the order shall administer it on a monthly basis, in accordance with sections 3121.51 to 3121.54 of the Revised Code.

Payments under the order are to be made in the manner ordered by the court or agency, and if the payments are to be made other than on a monthly basis, the required monthly administration by the agency does not affect the frequency or the amount of the support payments to be made under the order.

Pursuant to R.C. 3119.30(A), the obligor and obligee are both liable for the health care expenses for the children who are not covered by private health insurance, which shall be in a manner as determined by the court with respect to a court child support order, or by

the child support enforcement agency with respect to an administrative child support order.

Pursuant to R.C. 3119.32(D), the obligor, the obligee, or both shall be liable for the costs of any extraordinary medical expenses for the children, which shall be pursuant to a formula established by the court, with respect to a court child support order, or the child support enforcement agency, with respect to an administrative child support order.

Any cash medical support paid pursuant to R.C. 3119.30(C) shall be paid through the department of job and family services by the Obligor to either the Obligee, if the children are not Medicaid recipients, or to the department of Medicaid, when a Medicaid assignment is in effect for any child under the support order.

Pursuant to R.C. 3119.32(B), whoever pays for medical expenses incurred on behalf of the child(ren) shall be entitled to reimbursement, unless ordered otherwise.

Unless provided for otherwise, the party requesting reimbursement for uninsured medical expenses shall provide the other party with a copy of the original invoice, proof of consideration by the insurance provider (i.e. EOB), and proof of payment by the parent seeking reimbursement. Upon receipt of these three items, the other party shall reimburse the paying party within thirty (30) days.

If the Obligor, Obligee, or both Obligor and Obligee, are required under section 3119.30 of the Revised Code to provide private health insurance coverage for the children, pursuant to section 3119.30 of the Revised Code, whoever is required to provide private health insurance coverage shall provide to the other, not later than thirty days after the issuance of the order, information regarding the benefits, limitations, and exclusions of the coverage, copies of any insurance forms necessary to receive reimbursement, payment, or other benefits under the coverage, and a copy of any necessary insurance cards.

If the Obligor, Obligee, or both Obligor and Obligee, are required under section 3119.30 of the Revised Code to provide private health insurance coverage for the children, pursuant to section 3119.30 of the Revised Code, whoever is required to provide private health insurance coverage provide to the child support enforcement agency, not later than thirty days after the issuance of the order, documentation that verifies that coverage is being provided as ordered.

A person required to provide private health insurance coverage for the children shall designate the children as covered dependents under any private health insurance policy, contract, or plan for which the person contracts.

The employer of the person required to obtain private health insurance coverage is required to release to the other parent, any person subject to an order issued under section 3109.19 of the Revised Code, or the child support enforcement agency on written request, any necessary information on the private health insurance coverage, including the name

Case Name: _____

Case No: _____

and address of the health plan administrator and any policy, contract, or plan number, and to otherwise comply with this section and any order or notice issued under this section;

If the person required to obtain private health care insurance coverage for the children subject to this child support order obtains new employment, the agency shall comply with the requirements of section 3119.34 of the Revised Code, which may result in the issuance of a notice requiring the new employer to take whatever action is necessary to enroll the children in private health care insurance coverage provided by the new employer, when insurance is not being provided by any other source.

Case Name: _____

Case No.: _____

The following additional notices and orders will issue:

I. RELOCATION NOTICE: Pursuant to R.C. 3109.051(G), the parties are hereby notified as follows:

IF THE RESIDENTIAL PARENT INTENDS TO MOVE TO A RESIDENCE OTHER THAN THE RESIDENCE SPECIFIED IN THE PARENTING TIME ORDER OR DECREE OF THE COURT, THE RESIDENTIAL PARENT SHALL FILE A NOTICE OF INTENT TO RELOCATE WITH THIS COURT, ADDRESSED TO THE ATTENTION OF THE RELOCATION OFFICER. UNLESS OTHERWISE ORDERED PURSUANT TO R.C. 3109.051(G)(2), (3), AND (4), A COPY OF SUCH NOTICE SHALL BE MAILED BY THE COURT TO THE PARENT WHO IS NOT THE RESIDENTIAL PARENT. UPON RECEIPT OF THE NOTICE, THE COURT, ON ITS OWN MOTION OR THE MOTION OF EITHER PARTY, MAY SCHEDULE A HEARING WITH NOTICE TO BOTH PARTIES TO DETERMINE WHETHER IT IS IN THE BEST INTEREST OF THE CHILD TO REVISE THE PARENTING TIME SCHEDULE.

Pursuant to Local Rule 2.09, Notice shall be served 90 days prior to the move.

II. RECORDS ACCESS NOTICE: Pursuant to R.C. 3109.051(H) and 3319.321(B)(5)(a), the parties are hereby notified as follows:

EXCEPT AS SPECIFICALLY MODIFIED OR OTHERWISE LIMITED BY COURT ORDER, AND SUBJECT TO R.C. 3125.16 AND 3319.321(F), THE PARENT WHO IS NOT THE RESIDENTIAL PARENT, IS ENTITLED TO ACCESS TO ANY RECORD THAT IS RELATED TO THE CHILD, UNDER THE SAME TERMS AND CONDITIONS AS THE RESIDENTIAL PARENT, AND TO WHICH SAID RESIDENTIAL PARENT IS LEGALLY PROVIDED ACCESS. ANY KEEPER OF A RECORD WHO KNOWINGLY FAILS TO COMPLY WITH THIS ORDER IS IN CONTEMPT OF COURT.

III. DAY CARE CENTER ACCESS NOTICE: Pursuant to R.C. 3109.051(I), the parties are hereby notified as follows:

EXCEPT AS SPECIFICALLY MODIFIED OR OTHERWISE LIMITED BY COURT ORDER, AND IN ACCORDANCE WITH R.C. 5104.039, THE PARENT WHO IS NOT THE RESIDENTIAL PARENT, IS ENTITLED TO ACCESS TO ANY DAY CARE CENTER THAT IS OR WILL BE ATTENDED BY THE CHILD WITH WHOM PARENTING TIME IS GRANTED, TO THE SAME EXTENT THAT THE RESIDENTIAL PARENT, IS GRANTED ACCESS TO THE CENTER.

Case Name: _____

Case No.: _____

IV. SCHOOL ACTIVITIES NOTICE: Pursuant to R.C. 3109.051(J), the parties are hereby notified as follows:

EXCEPT AS SPECIFICALLY MODIFIED OR OTHERWISE LIMITED BY COURT ORDER, AND SUBJECT TO R.C. 3319.321(F), THE PARENT WHO IS NOT THE RESIDENTIAL PARENT, IS ENTITLED TO ACCESS, UNDER THE SAME TERMS AND CONDITIONS AS THE RESIDENTIAL PARENT, TO ANY STUDENT ACTIVITY THAT IS RELATED TO THE CHILD AND TO WHICH THE RESIDENTIAL PARENT OF THE CHILD LEGALLY IS PROVIDED ACCESS. ANY SCHOOL EMPLOYEE OR OFFICIAL WHO KNOWINGLY FAILS TO COMPLY WITH THIS ORDER IS IN CONTEMPT OF COURT.

IN THE COURT OF COMMON PLEAS, DELAWARE COUNTY, OHIO
DOMESTIC RELATIONS DIVISION

JUDGE RANDALL D. FULLER

PARENTAGE CHECKLIST

(Establishment of Parent-Child Relationship, Allocation of Parental Rights and Responsibilities, and/or Companionship Actions)

- _____ Classification Form
- _____ Complaint (Form 23) (The person filing the complaint shall allege whether a parent-child relationship has been established by acknowledgment or any other method and shall **attach** documentation of such to the complaint).
- _____ A copy of the child(ren)'s birth certificate (attached to the Complaint)
- _____ Request for Service (Form 31)
- _____ Filing Fee
- _____ Motion and Affidavit for Temporary Orders (without oral hearing) (Affidavit 5)
- _____ Parenting Proceeding Affidavit (Affidavit 3)
- _____ Health Insurance Affidavit (Affidavit 4)
- _____ Party Supplemental Information Affidavit
- _____ Parenting Supplemental Information Affidavit
- _____ Affidavit of Basic Information, Income, and Expenses (Affidavit 1)
- _____ Application for Child Support Services Non-Public Assistance Applicant/Recipient (JFS 07076) (Shall be filed with all new parentage complaints if genetic testing is requested or when child support is ordered)

If you have reached an agreement, please also complete the following:

- _____ Parenting Plan or Shared Parenting Plan (Form 21, 20)
- _____ Child Support Calculation Worksheet
- _____ Findings of Fact and Conclusions of Law for Child Support Deviation (if deviating child support)