

Morrow 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 Morrow County, Domestic Relations Division and the Morrow County Juvenile Court at the time this packet was created. The Local Rules may change and you may want to check the local rules, at <http://commonpleas.morrowcountyohio.gov/index.php/2012-11-20-02-38-33/domestic-relations-rules> and <http://commonpleas.morrowcountyohio.gov/index.php/2012-11-20-02-38-33/juvenile-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. If the parents of the shared children are married, you should file these forms in the Common Pleas Court of Morrow County, Domestic Relations Division. If the parents of the shared child are not married, you should file these forms in the Marion County Juvenile Court.

Both Clerk of Courts are located in the Common Pleas Court of Morrow County, 48 E. High St., Mount Gilead, Ohio. The Juvenile Clerk of Court is located on the third floor and the Domestic Relations Clerk of Court is located on the first 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 Morrow County	
Form Name	Purpose
Classification Form	This form is required. Provide the requested information to the best of your ability. Write the words “pro se” by Ohio Supreme Court Registration Number and Trial Attorney. If you are filing in Domestic Relations Court, the child’s parents are/were married, you can check “All Others” and handwrite: “custody, no marriage termination.” If you are filing in Juvenile Court, because the children’s parents were not married, you can check “Other Civil” and handwrite: “custody, juvenile.”
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.
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. You must complete this form, even if you are not requesting child support.

IN THE COURT OF COMMON PLEAS OF MORROW COUNTY, OHIO
CLASSIFICATION FORM

CASE NO. _____

CASE NAME: _____

PLEASE INDICATE CLASSIFICATION INTO WHICH THIS CASE FALLS:

CIVIL

- ☐ Professional Tort
- ☐ Product Liability
- ☐ Other Torts
- ☐ Workers Compensation
- ☐ Foreclosure
- ☐ Administrative Appeal
- ☐ Complex Litigation
- ☐ Other Civil

A
B
C
D
E
F
G
H

DOMESTIC RELATIONS

- ☐ Termination of Marriage, with children A
- ☐ Termination of Marriage, no children B
- ☐ Dissolution of Marriage, with children C
- ☐ Dissolution of Marriage, no children D
- ☐ Change of Custody E
- ☐ Visitation Enforcement/Modification F
- ☐ Support Enforcement/Modification G
- ☐ Domestic Violence H
- ☐ U.I.F.S.A. I
- ☐ All Others J

PLEASE PRINT OR TYPE THE INFORMATION REQUESTED BELOW

Date: _____

Trial Attorney _____

Ohio Supreme Court

Registration No.: _____

Address: _____

Telephone: _____

Fax: _____

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 Motion filed on or after May 1, 2003.

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 Morrow County, Ohio, 48 East High St., Mt Gilead, OH 43338. Additional copies of this Form may be obtained from the Clerk.

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

REGARDING CASE NAME: _____ CASE NUMBER: _____

Now comes _____, the _____ herein, and advises the

Court that my addresses are as follows:

Residence address:	Mailing address, if different
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_____	_____
_____	_____
_____	_____

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	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: _____