

You must file these added forms if you are filing a MOTION FOR CHANGE IN PARENTING TIME (visitation) in the Adams County Court of Common Pleas Juvenile Division.

AC-001	Notice of Appearance	Tells the Court your contact information
AC-002	Waiver of Counsel	Tells the Court you will be representing yourself
AC-007	Authorization for Background Search <i>*Required for each household resident over the age of 18. The Sheriff may charge a fee for this service.</i>	Allows the Court to receive information about your civil and criminal history and other public records. FBI and BCI checks must be completed.
AC-202	Child Support Enforcement Account Information Sheet	Provides the CSEA with information
AC-203	Notice of Helping Children Cope with Family Separation Seminar	This packet is updated on the Court's website each year so to ensure you receive the most updated registration information, you must print off a copy from: https://sites.google.com/view/adamscountycommonpleas/home/domestic/divorce-with-children You can find the packet under "#Parenting Seminar Required"
AC-204	Helping Children with Family Separation Registration Packet	Registration form for the parenting seminar.

INSTRUCTIONS:

- **All forms must either be typed or printed in ink. You must fill out the forms before taking them to the court. The Court staff will not help you complete the forms.**
- **Once you have completed the main packet and these added forms, you will take all the forms (and copies) to the Clerk's office to file.**

COURT OF COMMON PLEAS,
ADAMS COUNTY, OHIO

☐ In Re: ☐ ESTATE/ADOPTION OF

_____,
☐ PLAINTIFF ☐ PETITIONER

VS.

_____,
☐ DEFENDANT ☐ PETITIONER 2 ☐ RESPONDENT

Case No. _____

JUDGE: BRETT M. SPENCER

MAGISTRATE: DAVID M. HUNTER

NOTICE OF APPEARANCE

This case is in ☐ Juvenile Division ☐ Domestic Relations Division
☐ Civil/Criminal Division ☐ Probate Division

Select One

- ☐ I am representing myself (*pro se*) and respectfully request notification of all Court orders and Court appearances in this matter. Form AC-002 also required
- ☐ I am an attorney representing a client

Client/Party Information (Attorneys must provide this information for the client)

First Name Middle Name Last Name

Street Address / Unit Number

City State Zip

Cell Phone Home Phone Email Address

The Attorney listed below has been retained by the party above and respectfully requests notification of all Court orders and Court appearances in this matter.

Name Firm Name Supreme Court Number

Street Address / Unit Number

City State Zip

Office Phone Fax Number Email Address

Please ensure that your writing is legible. The Court will use this information to contact you during your case. Unless otherwise requested, the Clerk will send notices and documents to Attorneys by email.

Attorney/Party Signature

COURT OF COMMON PLEAS,
ADAMS COUNTY, OHIO

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WAIVER OF COUNSEL

I am representing myself in the above captioned case and am acting as my own attorney in this matter. Although I may have obtained forms from the court's website or from court personnel, I understand that I have not been given legal advice. I also understand that in representing myself I am required to follow the applicable Ohio Rules of Civil Procedure, Ohio Rules of Evidence, statutory laws and Local Rules of Court. Furthermore, I have not relied on assistance from the court or its personnel in determining what to file or what to present as evidence in my case. I understand that if I am concerned about my rights or responsibilities in this matter, I must seek legal advice from an attorney, not from the court. I understand that any Attorney representing another party does not represent my legal interests.

Party Signature

Party Name PRINTED LEGIBLY

COURT OF COMMON PLEAS, ADAMS COUNTY, OHIO

BRETT M. SPENCER, JUDGE

CASE NO.

AUTHORIZATION FOR RELEASE OF INFORMATION

(INFORMATION FOR COURT USE ONLY)

CONFIDENTIAL – NOT A PUBLIC RECORD

I, _____ of
(address)

(city)

(state)

(zip)

do hereby authorize: Adams County Common Pleas Court to obtain from Ohio Courts Network (OCN) and any other law enforcement information system and any court system, current and previous residences, civil and criminal history records, driving records, birth records, public records or any criminal justice agency records that I may have in any federal, state, county, and municipal jurisdictions.

Date of Birth	
Social Security Number	
Drivers License Number/State Issued	
A.K.A.	

Signature

Witness

**CHILD SUPPORT ENFORCEMENT
ACCOUNT INFORMATION SHEET**

Phone: 937-544-5155 Fax: 937-544-5406 Toll-Free: 800-840-5711

In order for Child Support Enforcement to set up a child support and/or medical insurance account, the following information must be completed. For spousal support only and no minor children, do not fill in any information after Defendant/Petitioner telephone number.

JUDGE _____ MAGISTRATE _____
DATE: _____ CASE NO. _____

PLAINTIFF/PETITIONER: _____
CURRENT ADDRESS: _____
PHONE #: _____ CELL PHONE #: _____ BIRTHDATE: _____
SOCIAL SECURITY NUMBER: _____ E MAIL ADDRESS: _____
NAME AND ADDRESS OF EMPLOYER: _____
TELEPHONE NUMBER.: _____

DEFENDANT/PETITIONER: _____
CURRENT ADDRESS: _____
PHONE #: _____ CELL PHONE #: _____ BIRTHDATE: _____
SOCIAL SECURITY NUMBER: _____ E MAIL ADDRESS: _____
NAME AND ADDRESS OF EMPLOYER: _____
TELEPHONE NUMBER.: _____

MINOR CHILDREN:

_____	DOB: _____	SSN: _____
_____	DOB: _____	SSN: _____
_____	DOB: _____	SSN: _____
_____	DOB: _____	SSN: _____

NAME OF PERSON ORDERED TO PROVIDE MEDICAL INSURANCE: _____

INSURANCE COMPANY	CLAIMS SENT TO: (if different)
Name: _____	_____
Address: _____	_____
City/State/Zip: _____	_____
Policy Number: _____	Group Number: _____

Is insurance provided by Non Participating Participant (NPP)? (Example: Step Parent) __ Yes ☒ No

IF Yes: Name of Party: _____

SS#: _____ DOB: _____

Employer Name and Address: _____

COURT OF COMMON PLEAS,
DOMESTIC RELATIONS DIVISION
ADAMS COUNTY, OHIO

_____,
☐ PLAINTIFF ☐ PETITIONER 1

vs.

_____,
☐ DEFENDANT ☐ PETITIONER 2

Case No. _____

JUDGE: BRETT M. SPENCER

MAGISTRATE: DAVID M. HUNTER

NOTICE OF HELPING CHILDREN COPE
WITH FAMILY SEPARATION SEMINAR

TO: ☐ PLAINTIFF ☐ PETITIONER 1 ☐ DEFENDANT ☐ PETITIONER 2

Name of Person Ordered to Attend

- In compliance with the Rules of this Court, you are hereby required to attend a Helping Children Cope with Family Separation Seminar on _____ at _____ AM/PM
- This seminar is to be held at: _____
- The duration of the seminar is approximately: 2 ½ hours

Children, significant others, relatives and friends are NOT to attend the seminar.

Special assistance is available for disabled individuals. Please notify Lifespan Solutions of any special needs. For those individuals not conversant in English, please notify in advance for special instructions.

If you have any further questions, please call: Lifespan Solutions at 513-324-3999
Monday through Friday between 8:00 A.M. and 4:00 P.M.

YOU MUST BRING THIS NOTICE TO THE SEMINAR.

*Helping Children
Cope With
Family Separation*

**Adams County, Ohio
2022
ONLINE SCHEDULE**

**REGISTRATION PACKET
January thru December 2022**

*A Cooperative Process: The Adams County Domestic Relations
Court, The Adams County Juvenile Court, and Lifespan
Solutions, Cincinnati, Ohio*

Your Decision and its Impact on Your Children

The decision to separate and/or to divorce usually follows much thought and careful consideration. This program is designed to help you and your children work through difficult transitions related to your divorce and related changes in your family structure and circumstances. Like any other life-changing event, divorce can result in emotional growth, or can be a negative experience leaving lasting issues. While you may not have chosen this experience for yourself and your children, you do have a choice in the way you handle it. Family separation can be very difficult, but you and your children can move forward in healthy and positive ways.

An Important Message from the Courts

*"All children are impacted by their parents' divorce or family separation. While some adjust more quickly than others, many suffer the emotional fallout and carry the hurt into their own adult years and relationships. The **Helping Children Cope with Family Separation** program is intended to enable you, the parents, to play an active role in lessening the negative effects and/or trauma imposed upon your children as a consequence of your separation. Therefore, **attendance is mandatory, and a necessary step in scheduling your domestic hearings and in determining your ongoing status in relation to your children.**"*

Brett M. Spencer, Judge, Adams County Courts
David Hunter, Magistrate, Adams County Juvenile Court

Why This Is So Important

As many as fifty percent of all marriages are presently ending in divorce. Many of these couples have one or more children who must cope with the breakup of their home. Approximately one-third of divorced parents remain bitter and conflicted several years following their divorce. Unfortunately, much of this bitterness and emotional pain is often played out in the life and experiences of the children. Other families experience a significant change in visitation, custody, or family structure that impacts the daily lives of their children. The goal of **Helping Children Cope with Family Separation** is to help parents understand that the best gift they can give their children — and themselves — is to co-parent their children in a positive, healthy manner.

Helping Children Cope with Family Separation is, in part, based on the ***Helping Children Cope with Divorce*** program developed by Beech Acres, Inc., Cincinnati, Ohio.

For more information or if you have questions call A. Eugene Smiley at 513-324-3999. If you have to leave a message your call will be returned within 24 hours.

Adams County Meeting Location

Class usually meets in person but due to COVID-19 will be meet ONLINE (6:30-9 :00pm) per the attached schedule

Procedure:

- Download the free ZOOM app to your phone or computer.
- You will receive a ZOOM link to enter class; and class handout – by email.
- You can choose the class you wish to attend from the dates listed.

A second overflow class will be provided when scheduled class reaches capacity.

Registration Form – next page

REGISTRATION FORM

**Call 513-324-3999 to register
for online class**

You can pay registration by credit/debit card when you register by phone - or mail this registration form with money order for \$50.00 to Lifespan Solutions, 7672

Montgomery Road, #153, Cincinnati, Ohio, 45236 two weeks before date of class.

Mail-in Registration

(Mail-in registration not necessary if one completes registration by phone)

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Court Case # _____ Brn Cty Court _____ Adams Cty Court _____

Email address _____

_____ Thurs January 13, 2022

_____ Thurs July 7, 2022

_____ Thurs February 3, 2022

_____ Thurs August 4, 2022

_____ Thurs March 3, 2022

_____ Thurs September 1, 2022

_____ Thurs April 7, 2022

_____ Thurs October 13, 2022

_____ WED May 4, 2022

_____ Thurs November 3, 2022

_____ Thurs June 2, 2022

_____ Thurs December 1, 2022