

**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 by a nonparent to obtain custody of minor child(ren).

The following forms **must** be completed and filed with the court before a case may be initiated:

1. Third-Party Complaint for Custody
2. Request for Service
3. Parenting Proceeding Affidavit
4. Health Insurance Affidavit
5. IV-D Application-(when requesting the establishment of a child support order)

**YOU MUST UPDATE THE CLERK OF COURTS IF ANY**  
**OF YOUR CONTACT INFORMATION CHANGES**

**IN THE COURT OF COMMON PLEAS, PICKAWAY COUNTY, OHIO  
JUVENILE DIVISION**

IN THE MATTER FO:

\_\_\_\_\_  
A MINOR

\_\_\_\_\_  
Name(s)

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

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

Plaintiff(s)

-v-

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

Defendant-Mother

-and-

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

Defendant-Father

**THIRD PARTY COMPLAINT FOR CUSTODY**

Now comes Plaintiff(s) \_\_\_\_\_ (name(s)), and ask(s) the Court to designate Plaintiff(s) as the legal and residential custodian(s) of the following minor children:

**Name of Child**

**Date of Birth**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Defendant-Mother, \_\_\_\_\_, is a parent of the following child(ren):

**Name of Child**

**Date of Birth**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Defendant-Father, \_\_\_\_\_, is a parent of the following child(ren):

**Name of Child**

**Date of Birth**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My relationship to the minor child(ren) is:

- Maternal grandparent;
- Paternal grandparent;
- Aunt/Uncle;
- Sister/Brother;
- Person not related by blood.

The minor child(ren) is/are in the legal custody of \_\_\_\_\_ (name).

The minor child(ren) is/are in the physical custody of \_\_\_\_\_ (name).

The child(ren)has/have resided in Pickaway County, Ohio since \_\_\_\_\_.

A parent-child relationship has been established for the following child(ren):

**Name of Child**

**Date of Birth**

**Established by**

\_\_\_\_\_

\_\_\_\_\_

- Acknowledgement of Paternity
- Administrative Order
- Court Order

\_\_\_\_\_

\_\_\_\_\_

- Acknowledgement of Paternity
- Administrative Order
- Court Order

\_\_\_\_\_ ( ) Acknowledgement of Paternity  
\_\_\_\_\_ ( ) Administrative Order  
\_\_\_\_\_ ( ) Court Order

\_\_\_\_\_ ( ) Acknowledgement of Paternity  
\_\_\_\_\_ ( ) Administrative Order  
\_\_\_\_\_ ( ) Court Order

A parent-child relationship has NOT been established for the following child(ren):

<b>Name of Child</b>	<b>Date of Birth</b>
_____	_____
_____	_____
_____	_____
_____	_____

No court has issued an order of parenting or support for the following child(ren):

<b>Name of Child</b>	<b>Date of Birth</b>
_____	_____
_____	_____
_____	_____
_____	_____

The following child(ren) is/are subject to an existing order of parenting or support of another court:

<b>Name of Child</b>	<b>Date of Birth</b>
_____	_____
_____	_____
_____	_____
_____	_____

The minor child(ren)'s school district is \_\_\_\_\_ (name).

Pickaway County Jobs and Family Services ( ) has / ( ) has not been involved with the minor child(ren).

The reason(s) for this request is/are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plaintiff(s) believe(s) it would be in the best interest of the minor child(ren) to award custody of the minor child(ren) to Plaintiff(s).

Plaintiff(s) request(s) that the court: (check all that apply):

- Order custody to Plaintiff(s);
- Order reasonable parenting time (companionship or visitation);
- Order child support, allocate the income tax dependency exemption; and determine who should provide health insurance coverage for the child(ren);
- Other: (specify) \_\_\_\_\_

\_\_\_\_\_  
Plaintiff's signature

\_\_\_\_\_  
Plaintiff's printed name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail

**IN THE COURT OF COMMON PLEAS, PICKAWAY COUNTY, OHIO  
JUVENILE DIVISION**

IN THE MATTER FO:

\_\_\_\_\_  
A MINOR

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

\_\_\_\_\_  
Name(s)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

Plaintiff(s)

-v-

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

Defendant-Mother

-and-

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

Defendant-Father

**REQUEST FOR SERVICE**

TO THE CLERK OF COURT:

Please serve the following documents: (check all that apply)

- ( ) Third Party Complaint for Custody;
- ( ) Parenting Proceeding Affidavit;

- Health Insurance Affidavit
- IV-D Application;
- Other: (specify) \_\_\_\_\_

Please serve the following parties with the above-marked documents:

Defendant at:

\_\_\_\_\_ (address) by:

- Certified Mail, Return Receipt Requested
- Issuance to Sheriff of \_\_\_\_\_ County, Ohio for  Personal or  Residential service – **party must prepay the cost for Sheriff's service.**
- Other: (specify) \_\_\_\_\_

Plaintiff at:

\_\_\_\_\_ (address) by:

- Certified Mail, Return Receipt Requested
- Issuance to Sheriff of \_\_\_\_\_ County, Ohio for  Personal or  Residential service – **party must prepay the cost for Sheriff's 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  Residential service – **party must prepay the cost for Sheriff's service.**
- Other: (specify) \_\_\_\_\_

Other at:

\_\_\_\_\_ (address) by:

- Certified Mail, Return Receipt Requested
- Issuance to Sheriff of \_\_\_\_\_ County, Ohio for  Personal or  Residential service – **party must prepay the cost for Sheriff's service.**
- Other: (specify) \_\_\_\_\_

SPECIAL INSTRUCTIONS TO SHERIFF:

---

---

Party's signature

Party's printed name

Address

City, State, Zip Code

Telephone Number

E-mail



**IN THE COURT OF COMMON PLEAS, PICKAWAY COUNTY, OHIO  
JUVENILE DIVISION**

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

\_\_\_\_\_  
Plaintiff

-v-

\_\_\_\_\_  
Defendant

**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.

a. Child's name		Place of birth	Date of birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F
_____		_____	_____	
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>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
---------------------------------	--------------------------------	-------------------------------	--

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
---------------------------------	--------------------------------	-------------------------------	--

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: \_\_\_\_\_

a. 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)

**IN THE COURT OF COMMON PLEAS, PICKAWAY COUNTY, OHIO  
JUVENILE DIVISION**

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

\_\_\_\_\_  
Plaintiff

-v-

\_\_\_\_\_  
Defendant

**HEALTH INSURANCE AFFIDAVIT**  
Affidavit of \_\_\_\_\_  
(Print Name)

	<u>Plaintiff</u>		<u>Defendant</u>	
Is/are your child(ren) currently enrolled in a government-provided program (i.e. Healthy Start/ Medicaid)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is/are your child(ren) enrolled in an individual (non-group or COBRA) health insurance plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is/are your child(ren) enrolled in a plan found through the exchange/Affordable HealthCare Marketplace?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is/are your child(ren) enrolled in a health insurance plan through a group (employer or other organization)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If your child(ren) is/are not enrolled, does/do he/she/they have health insurance available through a group (employer or other organization)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the available insurance cover primary care services within 30 miles of the children's home?	Yes	No	Yes	No
Under the available insurance, what is the annual premium you pay for family coverage?	\$ _____		\$ _____	
Name of group (employer or organization) that provides health insurance	_____		_____	
Address	_____		_____	
Phone Number	_____		_____	



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 (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)			
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: \_\_\_\_\_