

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 to be used by a person requesting to intervene and become a party to an open / pending Juvenile Court case.

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

1. Motion to Intervene
2. Third Party Motion for Change of Parental Rights and Responsibilities (Custody)
3. Request for Service
4. Parenting Proceeding Affidavit

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 OF:

A MINOR

Case No. _____

Name

Street Address

City, State and Zip Code

Plaintiff

-v-

Name

Street Address

City, State and Zip Code

Defendant

-v-

Name

Street Address

City, State and Zip Code

Intervenor

MOTION TO INTERVENE

Now comes the Intervenor(s) _____ (names), and requests this Court for leave to intervene as a party in the above-captioned case.

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

Intervenor(s) believe(s) it would be in the best interest of the minor child(ren) to allow Intervenor(s) to intervene as a party in the above-captioned case.

Intervenor's signature

Intervenor'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. _____

Name

Street Address

City, State and Zip Code

Plaintiff

-v-

Name

Street Address

City, State and Zip Code

Defendant

-and-

Name(s)

Street Address

City, State and Zip Code

Intervenor(s)

**THIRD-PARTY
MOTION FOR CHANGE OF PARENTAL RIGHTS AND RESPONSIBILITIES (CUSTODY)**

Now comes the Intervenor(s) _____ (name(s)), and ask(s) the Court to change the custody of the following children:

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 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: _____

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

Intervenor's signature

Intervenor'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 OF:

A MINOR

Case No. _____

Name

Street Address

City, State and Zip Code

Plaintiff

-v-

Name

Street Address

City, State and Zip Code

Defendant

-v-

Name

Street Address

City, State and Zip Code

Intervenor

REQUEST FOR SERVICE

TO THE CLERK OF COURT:

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

- Third-Party Motion for Change of Parental Rights and Responsibilities (Custody);
- Motion to Intervene
- Parenting Proceeding Affidavit;
- 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

-and-

Intervenor

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. Child's name _____	Place of birth _____	Date of birth _____	Sex <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"/>	_____	_____

c. Child's name _____	Place of birth _____	Date of birth _____	Sex <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.

