

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

IN THE MATTER OF:

CASE NO. _____

SETS NO. _____

JUDGE HURLEY

Magistrate _____

COMPLAINT FOR LEGAL CUSTODY

Now comes _____, and brings this action seeking custody of the minor child _____, born _____. _____ comes before the Court pursuant to O.R.C. 3109.04 and seeks an Order from the Court granting he/she custody of the minor child. _____ offers the following memorandum in support.

MEMORANDUM

_____ comes before the Court on his/her Complaint for Custody and avers the following:

1. No other Court has determined custody for the minor child. Pursuant to O.R.C. 2151.23(A)(2), this Court may determine custody of the child because he/she is not a ward of another court of this State.
2. _____ is the natural Mother and resides at _____
3. _____ is the natural Father and resides at _____.
4. The minor child _____ currently resides at _____.

with _____.

5. It is in the best interest of the child to be placed into the legal custody of the Complainant because _____

_____.

6. Plaintiff requests that the Court grant him/her legal custody of the minor child and issues orders regarding parenting time for the Defendant, award custody to Plaintiff; award child support to Plaintiff; and allocate all other parental rights and responsibilities including, but not limited to, health insurance and the tax exemption.

Wherefore, Plaintiff respectfully requests an Order from this Court allocating legal custody of the minor child to Plaintiff, and for such other relief to which he/she may be entitled in law or equity.

Printed Name

Phone Number

Affiant states that the information contained herein and attached hereto, is complete and accurate to the best of his/her information, knowledge, or belief under penalty of law.

Signature of Affiant Plaintiff

Sworn to and subscribed in my presence this _____ day of _____, _____.

Notary Public Signature

PLAINTIFF/PETITIONER 1'S INCOME		Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer's Name: _____		
A. GROSS YEARLY INCOME FROM EMPLOYMENT		
Base Yearly Wages	\$ _____	
B. OTHER YEARLY INCOME		
Interest/Dividend Income	\$ _____	
Unemployment Compensation	\$ _____	
Worker's Compensation	\$ _____	
Social Security or Other Disability Benefits	\$ _____	
Gross Self-Employment Income	\$ _____	
Ordinary & Necessary Business Expenses	\$ _____	
Retirement in Pay Status	\$ _____	
C. OVERTIME, COMMISSION, AND BONUSES (Past 3 Year History; Year 3 is Most Recent)		
Year 1, 20____ \$ _____	Year 2, 20____ \$ _____	Year 3, 20____ \$ _____
TOTAL YEARLY INCOME FROM ALL SOURCES (A + B + Average of C)		\$ _____

DEFENDANT/PETITIONER 2'S INCOME		Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer's Name: _____		
A. GROSS YEARLY INCOME FROM EMPLOYMENT		
Base Yearly Wages	\$ _____	
B. OTHER YEARLY INCOME		
Interest/Dividend Income	\$ _____	
Unemployment Compensation	\$ _____	
Worker's Compensation	\$ _____	
Social Security or Other Disability Benefits	\$ _____	
Gross Self-Employment Income	\$ _____	
Ordinary & Necessary Business Expenses	\$ _____	
Retirement in Pay Status	\$ _____	
C. OVERTIME, COMMISSION, AND BONUSES (Past 3 Year History; Year 3 is Most Recent)		
Year 1, 20____ \$ _____	Year 2, 20____ \$ _____	Year 3, 20____ \$ _____
TOTAL YEARLY INCOME FROM ALL SOURCES (A + B + Average of C)		\$ _____

OTHER ASSETS & LUMP SUM INCOME

1. Describe income sources listed in Section B (i.e. disability income, interests or dividend income, rentals, annuities, etc.) Attach additional pages if needed.

Name & Address of Source:	Identifying Description:	Income or Benefits:

2. List any lump sum income (bonus, gifts, inheritance, etc.) in excess of \$500, expected to be received within the next six (6) months, not otherwise listed in this affidavit. Attach additional pages if needed.

Source:	Value: \$
Source:	Value: \$

3. List all funds on deposit in any and all accounts in any bank, savings & loan, credit union, regulated investment company, mutual fund or other financial institution. Account includes any of the following: checking, certificate of deposit ('CD'), investment, savings, retirement/pension accounts, IRA's, stock options, etc. Attach additional pages if needed.

Name & Address of Institution	Last 4 Digits of Account #	Name(s) on Account	Balance

4. Real Estate

Address of Property	Name(s) on Deed	Present Value

MINOR AND/OR DEPENDENT CHILDREN OF THIS MARRIAGE		
Child's Name:	Child's DOB:	Child Resides With:

INFORMATION REGARDING CHILDREN NOT OF THIS MARRIAGE		
	Plaintiff/Petitioner 1	Defendant/Petitioner 2
Number of Other Biological or Adopted Minor Children NOT of this marriage, NOT stepchildren		
Spousal Support Paid to a Former Spouse	\$	\$

CHILD CARE EXPENSES	
Does either party pay employment or school-related child care expenses for the minor child(ren) of this marriage?	
Plaintiff/Petitioner 1	<input type="checkbox"/> Yes <input type="checkbox"/> No \$_____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Defendant/Petitioner 2	<input type="checkbox"/> Yes <input type="checkbox"/> No \$_____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually

HEALTH INSURANCE Group Health Insurance Available for Dependent Children	
Are your children currently enrolled in a low-income, government-assisted health care program (Medicaid/CareSource)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is either party enrolled in an individual (non-group or COBRA) health insurance plan?	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Neither
If neither party is enrolled, is health insurance available through a group (employer or other organization)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the available insurer cover primary services within 30 miles of the child's home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If a party is enrolled in a health insurance plan through a group or individual insurance plan:	
Name of Party Providing Health Insurance: _____	
Employee Cost for Insurance: \$_____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	
Type of Coverage: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Other _____	
*If health insurance is provided, attach a copy of the front and back of the insurance card	

AFFIANT'S MONTHLY EXPENSES

List your ACTUAL expenses for your present household. If you expect changes in your expenses soon, attach a separate sheet with your ESTIMATED expenses. If you are living with your parents or someone is helping you with your living expenses, provide the

Person's Name: _____ The Amount of Support Provided: \$ _____

MONTHLY EXPENSES: HOUSING

1. Rent or Mortgage (including taxes and insurance)	\$
2. Utilities:	
Gas & Electric (level billing or average per month)	\$
Water & Sewer	\$
Cell Phone (# of Phones on Plan _____)	\$
Trash Collection	\$
Other: _____	\$

HOUSING TOTAL: \$ _____

MONTHLY EXPENSES: OTHER

1. Grocery (include food, laundry & cleaning products, toiletries, etc.)	\$
2. Gasoline & Oil	\$
3. Car Repairs	\$
4. Insurance (Life/Auto/Renter's)	\$
5. Medical (not covered by insurance)	\$
6. Clothing	\$
7. Internet/Cable/TV Subscription	\$
8. Other: _____	\$

OTHER TOTAL: \$ _____

MONTHLY DEBT PAYMENTS (Do not list expenses previously listed in Section A. Attach additional pages if needed.)

To Whom Paid (Write the name(s) account is under)	Purpose/Security (For car loans, write model & who drives it)	Monthly Payment	Total Balance Due
		\$	\$
		\$	\$
		\$	\$

MONTHLY DEBT PAYMENTS TOTAL: \$ _____

GRAND TOTAL MONTHLY EXPENSES: \$ _____

Affiant states that the information contained herein and attached hereto, is complete and accurate to the best of his/her information, knowledge, or belief under penalty of law.

- _____
 Signature of Affiant Plaintiff/Petitioner 1
 Signature of Affiant Defendant/Petitioner 2

Sworn to and subscribed in my presence this _____ day of _____,
_____.

Notary Public Signature

My Commission Expires: _____

Signature of Attorney for _____

Address

Address

Phone #

Supreme Court #

**IN THE COURT OF COMMON PLEAS
DOMESTIC RELATIONS DIVISION**

GREENE COUNTY, OHIO

Plaintiff/Petitioner	Case No.	
v./and	Judge	HURLEY
Defendant/Petitioner/Respondent	Magistrate	

Instructions: Check local court rules to determine when this form must be filed.
By law, an affidavit must be filed and served with the first pleading filed by each party in every parenting (custody/visitation) proceeding in this Court, including Dissolutions, Divorces and Domestic Violence Petitions. Each party has a continuing duty while this case is pending to inform the Court of any parenting proceeding concerning the child(ren) in any other court in this or any other state. **If more space is needed, add additional pages.**

PARENTING PROCEEDING AFFIDAVIT (R.C. 3127.23(A))

Affidavit of _____
(Print Your Name)

Check and complete ALL THAT APPLY:

1. I request that the court not disclose my current address or that of the child(ren). My address is confidential pursuant to R.C. 3127.23(D) and should be placed under seal to protect the health, safety, or liberty of myself and/or the child(ren).
2. Minor child(ren) are subject to this case as follows:

Insert the information requested below for all minor or dependent children of this marriage. 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"/> Male <input type="checkbox"/> Female		
<u>Period of Residence</u>		<u>Person(s) With Whom Child Lived</u>		<u>Relationship</u>	
	to present	<input type="checkbox"/> Address Confidential?	(name & address)		
	to	<input type="checkbox"/> Address Confidential?			
	to	<input type="checkbox"/> Address Confidential?			
	to	<input type="checkbox"/> Address Confidential?			

b. Child's Name:

Place of Birth:

Date of Birth:

Sex: Male Female

Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

<u>Period of Residence</u>	<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name & address)	<u>Relationship</u>
to present	<input type="checkbox"/> Address Confidential?		
to	<input type="checkbox"/> Address Confidential?		
to	<input type="checkbox"/> Address Confidential?		
to	<input type="checkbox"/> Address Confidential?		

c. Child's Name:

Place of Birth:

Date of Birth:

Sex: Male Female

Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

<u>Period of Residence</u>	<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name & address)	<u>Relationship</u>
to present	<input type="checkbox"/> Address Confidential?		
to	<input type="checkbox"/> Address Confidential?		
to	<input type="checkbox"/> Address Confidential?		
to	<input type="checkbox"/> Address Confidential?		

IF MORE SPACE IS NEEDED FOR ADDITIONAL CHILDREN, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

3. 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. For each case in which you participated, give the following information:

- a. Name of each child: _____
- b. Type of case: _____
- c. Court and State: _____
- d. Date and court order or judgment (if any): _____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CUSTODY CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

4. **Information about other civil case(s) that could affect this case: (Check only one box.)**

- I **HAVE NO INFORMATION** about any other civil 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 other civil 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. Do not repeat cases already listed in Paragraph 3. Explain:

- a. Name of each child: _____
- b. Type of case: _____
- c. Court and State: _____
- d. Date and court order or judgment (if any): _____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

5. **Information about criminal case(s):**

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.

<u>Name</u>	<u>Case Number</u>	<u>Court/State/County</u>	<u>Convicted of What Crime?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

6. Persons not a party to this case who has physical custody or claims to have custody or visitation rights to children subject to this case: (Check only one box.)

- I **DO NOT KNOW OF ANY PERSON(S)** not a party to this case who has/have physical custody or claim(s) 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:

c. Name/Address of Person

Has physical custody Claims custody rights Claims visitation rights

Name of each child:

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:



**GREENE COUNTY CLERK OF COURTS
ANDREW J. WILLIAMS, Clerk**

INSTRUCTIONS FOR SERVICE

TO: THE GREENE COUNTY CLERK OF COURTS

CASE NO. _____

YOU ARE INSTRUCTED TO MAKE SERVICE BY (select method):

PERSONAL CERTIFIED MAIL REGULAR MAIL

OTHER _____

UPON:

NAME: _____

ADDRESS:

SPECIAL INSTRUCTIONS FOR SERVER: Please serve the above party with a copy of the: Complaint for Legal Custody, Affidavit of Financial Disclosure, Parenting Proceeding Affidavit, Notice of Hearing

Attorney/Pro Se: _____

(Sign here)

Greene County Courthouse
45 North Detroit Street, Xenia Ohio 45385
(937) 562-5290, fax (937) 562-5309