#### Instructions for filing a

### "MOTION FOR CHANGE OF PARENTING TIME (COMPANIONSHIP AND VISITATION)"

(to be filed in an existing case)

\*\*\*NOTE: If you are <u>not a current party</u> to the case, you will need to file a "MOTION TO INTERVENE" contemporaneously when filing this Motion.

This packet contains four forms that must be used to request a change in the parenting time (visitation) order. The forms enclosed are (A) "MOTION FOR CHANGE OF PARENTING TIME (COMPANIONSHIP AND VISITATION)", (B) "PARENTING PROCEEDING AFFIDAVIT" containing child custody information, (C) "REQUEST FOR SERVICE" and (D) "SUPPLEMENTAL INFORMATION FORM".

These instructions are intended to be a general guide to help you complete the forms, file them with the Court, serve them on the opposing party, and get your request properly before the Court. These instructions are not intended to be a legal analysis of your request and do not guarantee you will be successful in your Motion, but are merely to assist you in preparing and presenting your request.

- A \$63.00 filing fee for each Motion MUST be paid at the time of filing.
- A separate Motion (and accompanying documents) must be filed for <u>each child</u>.

\*\*\* It will be helpful to read ALL the instructions prior to completing the forms and you may refer back to them as much as you need. The clerks cannot help you with the forms, but will verify that all sections are completed prior to filing. Incomplete forms will not be accepted.

## A. MOTION FOR CHANGE OF PARENTING TIME (COMPANIONSHIP AND VISITATION)

(Fill out the form completely and entirely)

- 1. Header & Case Caption:
  - a. If you are filing in the Juvenile Court of Holmes County, you will use "Juvenile" Division and "Holmes" County. Please fill in the blank spaces at the top of the Complaint.
  - b. IN THE MATTER OF: is the minor child's name.
  - c. Plaintiff/Petitioner 1: Must be the same as the existing case caption.
  - d. Case No.: current case number.
  - e. The current Judge and Magistrate presiding are Judge Thomas C. Lee and Magistrate Julie Dreher.
  - f. Defendant/Petitioner 2/Respondent: Must be the same as the exiting case caption.
- 2. If you do not know the existing Case No. the clerk will assist you with this information.
- 3. Fill in your name, as the Movant, and the date of the custody order currently in place.
- 4. List the children's name(s) and date of birth that are part of the current custody order.
- 5. Completely fill in the remainder of the form. Be descriptive. Indicate the check box beside the item(s) that apply if necessary.
- 6. You must include your signature, name, address, and phone # at the end of the motion.

Instructions for:

#### **B. PARENTING PROCEEDING AFFIDAVIT** (Fill out the form completely and entirely)

- 1. Fill out the Header & case Caption (see detailed instructions in section A).
- 2. Do not leave any section blank. If not applicable mark "N/A" or if unknown mark "unknown".
- 3. This document must be signed in the presence of a Notary Public. A notary can typically be found at a bank or credit union, a library, a hotel, law enforcement offices, auto dealerships, Department of Motor Vehicle (DMV) offices, UPS Store, as well as some insurance companies and pharmacies.

#### C. REQUEST FOR SERVICE

- 1. Fill out the Header & Case Caption (see detailed instructions in section A).
- 2. Indicate which document(s) you are filing that needs to be served.
- Indicate who the document(s) should be served to. Service should be made to any party upon
  whom service of summons is sought. If a current child support order is in place or requesting
  changes to child support, please include the Holmes County Child Support Enforcement Agency.
- 4. You must have a valid address for the parties in order to obtain proper service of your Motion. The case cannot proceed until proper service has been made on all the parties.
  - a. If you don't know their home address, you may use their work address.
  - b. If you have made every effort to locate an address and are unsuccessful, write "unknown" in the address field. A separate "Unknown Address Affidavit" pursuant to the Court's Local Rule (available in the clerk's office or on the Court's website) regarding the unknown address must be filed along with the Motion.
- 5. You need to choose which type of service (certified mail or personal service) you want for each of the parties served. Any service costs may be taxed as Court Costs at the end of your case.
- 6. The filing party of the Motion will receive a copy of the filings by regular mail along with a Hearing Notice, therefore, you do not need to indicate service to yourself.
- 7. You must sign the form at the bottom.

#### D. SUPPLEMENTAL INFORMATION FORM

 Please complete this form with your information (the filing party). It will remain confidential and separate from case documents, however, may be used in future collection efforts if you fail to pay costs as ordered. \*If you have additional information to include that does not fit on the forms, please attach those documents to the Motion. Said documents will be considered part of the Motion and will be served contemporaneously to the other parties.

#### FILING YOUR PAPERWORK

After you have completed all the forms and have signed the "Parent Proceeding Affidavit" in the presence of a Notary Public as required, return them to the Juvenile Court Clerk's office on the 2<sup>nd</sup> floor of the Courthouse, Suite 202.

At this time you will be required to pay a \$63.00 filing fee per Motion (each child).

#### **NEXT STEP: INITIAL HEARING**

- The case will be set for an initial hearing, usually 2-3 weeks from the time of filing, depending on what the Court docket allows.
- Preparing for the hearing:
  - ♦ Dress appropriately as you would for a job interview.
  - Be prepared to tell the Judge or Magistrate in clear simple terms why you want to modify your visitation and why it is in the best interest of the child to have it modified.
  - ♦ This is your chance to present the facts. Written notes outlining your reasons can be helpful in Court when you testify.
  - ♦ This is not the time to tell the Judge or Magistrate all the things the other party has done that you disagree with or that has hurt or angered you. The Judge will only want to hear evidence you have that shows or supports your request.
  - ◆ You may be asked questions at the hearing by the Judge or Magistrate, by the other party or by an attorney. Be directly responsive to the questions. Listen to the questions and make sure you provide the information you are asked for. If you do not understand the questions or are not sure what you are being asked, you have a right to have the question explained to you before answering it.

#### **COUNSEL**

The Court encourages you to retain counsel (an Attorney) to represent you during this process. It may be difficult, if not impossible, to represent yourself at a trial should the case proceed in that direction.

The clerk's office has a brochure titled "Representing Yourself in Court", that includes information regarding your options and responsibilities should you choose to proceed without legal representation.

Instructions for:

MOTION FOR CHANGE OF PARENTING TIME (COMPANIONSHIP AND VISITATION)

## IN THE COURT OF COMMON PLEAS DIVISION COUNTY, OHIO IN THE MATTER OF: A Minor Name Judge Street Address Magistrate \_\_\_\_ City, State and Zip Code Plaintiff/Petitioner 1 vs./and Name Street Address City, State and Zip Code Defendant/Petitioner 2/Respondent 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 to request a change in the parenting time (companionship and visitation) order. A Request for Service (Uniform Domestic Relations Form 31/Uniform Juvenile Form 10) and a Parenting Proceeding Affidavit (Uniform Domestic Relations Form – Affidavit 3) must be filed with this Motion. YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES. MOTION FOR CHANGE OF PARENTING TIME (COMPANIONSHIP AND VISITATION) (name), the Movant, and requests a change Now comes in the existing parenting time (companionship and visitation) order filed on \_\_\_\_\_(date)

Supreme Court of Ohio
Uniform Domestic Relations Form 26
Uniform Juvenile Form 5
MOTION FOR CHANGE OF PARENTING TIME (COMPANIONSHIP AND VISITATION)

Approved under Ohio Civil Rule 84 and Ohio Juvenile Rule 46 Amended: September 21, 2020

regarding the following minor child(ren):

Name of Child

Date of Birth

Parental rights and responsibilities are currently allocate	ted as follows:
Movant requests that the Court change the parenting to	ime (companionship and visitation) order because:
Movant requests that the Court change the existing pare	enting time (companionship and visitation) order as follows:
Movant believes that the requested changes are in the	child(ren)'s best interest.
Movant requests that the Court order the following: (ch  Assessing reasonable attorney fees;	
Assessing Court costs of the proceed	_
and any further relief deemed proper	
	Attorney or Self Represented Party Signature
	Printed Name
	Address
	City, State, Zip
	Phone Number
	Fax Number
	E-mail
	Supreme Court Reg No. (if any)

	IN THE	COURT OF COMM	DIVISION COUNTY, OH	10
		Case No.		
Plaintiff/Petitioner 1		Judge		
vs./an	d	Magistrate		
Defendant/Petitioner 2/Re	spondent			
Instructions: Check loca filed and served with an responsibilities, parenting to inform the Court of any state. If more space is n	ny Complaint, time, custody, c parenting proc	Petition or Motion regor visitation. Each party eeding concerning the	garding the allocation o has a continuing duty wh	f parental rights and ile this case is pending
PA	RENTING PR Affidavit of	OCEEDING AFFIDA	VIT (R.C. 3127.23(A))	-
jeopardized by the disc	IILD(REN) WOU MATION. YOU FOR YOUR RE 7.23(D), I allegated closure of identi	ULD BE JEOPARDIZE ACKNOWLEDGE THAT EQUEST.  e that my health, safe ifying information to my	D BY THE DISCLOSURE	OF YOUR ADDRESS ONDUCT A HEARING my child(ren) would be herefore, I request that
to be sealed.		en) is/are subject to thi	•	,
Insert the information requesidences for all places where	uested below for	or all minor or depend	ent children of the parti	es. You must list the
a. Child's name		Place of birth	Date of birth	Sex M F
Date of residence	Address Confidential	Person child lived w	ith (name and address)	Relationship
to present				

to				
to				
b. Child's name		Place of birth	Date of birth	Sex M F
Check this how if the	information be	l elow is the same as in	Section 1(a) Skin to t	he next guestion
	Address		. , , , , , , , , , , , , , , , , , , ,	
Date of residence	Confidential	Person child lived with	h (name and address)	Relationship
to present				
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c. Child's name		Place of birth	Date of birth	Sex M F
Chaptethia have if the	information t	alourio the same as in	Costion 4/c) Chin (- )	ha nave aussetisis
	Address	elow is the same as in		
Date of residence	Confidential	Person child lived with	h (name and address)	Relationship
	2230			
to present				
to present				
to				
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d. Additional children are listed on Attachment 1(d). (Provide requested information for additional children on an attachment labeled 1(d).)

2.	Part	I <b>HAVE NOT</b> pa		<b>one box)</b> ss, or in any capacity in any oth n (parenting time), with any chi	
				in any capacity in any other ca enting time), with any child sub	
		Explain:			
	a.	Name of each cl	nild:		
	b.	Type of case:			
	C.	Court and State:			
	d.				
3.	Info	I HAVE NO INFo		nat could affect the current case on orders; dependency, negle	
		including any ca	ases relating to custody; do ions; or adoptions concern	ON concerning cases that comestic violence or protection of ing a child subject to this case, of	orders; dependency, neglect
	a.	Name of each c	hild:		
	b.	Type of case: _			
	C.	Court and State	<b>:</b>		
	d.	Date and court	order or judgment (if any):		
offen viole any c	all of the ses: a nce of offense	e criminal convict any criminal offen fense that is a vice involving a victin	se involving acts that res lation of R.C. 2919.25; an	for you and the members of you ulted in a child being abused y sexually oriented offense as cehold member at the time of the e.	or neglected; any domestic defined in R.C. 2950.01; and
		NAME	CASE NUMBER	COURT/COUNTY/STATE	CHARGE
5.	Per:	I DO NOT KNO have custody or	visitation rights with respe	one box)  a party to this case who has phot to any child subject to this case  D PERSON(S) not a party to the cation rights with respect to any	his case has/have physical

	a. Name/Address of Person	
		☐ claims custody rights ☐ claims visitation rights
	Name of each child:	
		:
	has physical custody	☐ claims custody rights ☐ claims visitation rights
	Name of each child:	
	c. Name/Address of Person	Ľ
	☐ has physical custody	☐ claims custody rights ☐ claims visitation rights
	Name of each child:	
ter		
	(D	OATH OR AFFIRMATION o not sign until Notary Public is present)
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	t_name) my knowledge and belief, the fa	, swear or affirm that I have read this Affidavit and, to the acts and information stated in this Affidavit are true, accurate, and complete
		h, I may be subject to penalties for perjury.
		Your Signature
СТАТ	E OF	1
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COU	NTY OF	_ )
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		Signature of Notary Public
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		Printed Name of Notary Public
		Commission Evaluation Date:
		Commission Expiration Date:
		(Affix seal here)

#### IN THE COURT OF COMMON PLEAS

	DIVISION COUNTY, OHIO
IN THE MATTER OF:	
A Minor	
	Case No.
Name	Judge
Street Address	
City, State and Zip Code	Magistrate
Plaintiff/Petitioner 1	
vs./and	
Name	
Street Address	
City, State and Zip Code	

Defendant/Petitioner 2/Respondent

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.

<u>Instructions</u>: This form is used when you want to request documents to be served on the other party. You must indicate the requested method of service by marking the appropriate box. The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file. YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES.

#### REQUEST FOR SERVICE

TO THE CLERK OF COURT:

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

☐ Complaint for Divorce with Children

Supreme Court of Ohio
Uniform Domestic Relations Form 31
Uniform Juvenile Form 10
REQUEST FOR SERVICE
Approved under Ohio Civil Rule 84 and Ohio Juvenile Rule 46
Amended: September 21, 2020

Certified Mail, Return Receipt Requested   Issuance to Sheriff of		<ul><li>Complaint for Divorce without Children</li><li>Complaint for Parentage, Allocation of Parent</li><li>Petition for Dissolution</li></ul>	al Rights and Responsibilities
Motion for Change of Parenting Time (Companionship and Visitation)   Motion for Change of Child Support, Medical Support, Tax Exemption, or Other Child-Related Expenses   Motion for Contempt and Affidavit   Separation Agreement   Parenting Plan   Affidavit of Income and Expenses   Affidavit of Income and Expenses   Affidavit of Property   Parenting Proceeding Affidavit   Health Insurance Affidavit   Explanation of Health Care Bills   Agreed Judgment Entry   Other: (specify)   Presented   County, Ohio for Personal or Residence service   Other: (specify)   Publication. Use this option if address is unknown. Must be accompanied by an "Unknown Address Affidavit."   Plaintiff/Petitioner 1 at   (address) by:   Certified Mail, Return Receipt Requested   Issuance to Sheriff of   County, Ohio for Personal or Residence service   Other: (specify)   Publication. Use this option if address is unknown. Must be accompanied by an "Unknown Address Affidavit."   Plaintiff/Petitioner 1 at   (address) by:   Certified Mail, Return Receipt Requested   Issuance to Sheriff of   County, Ohio for Personal or Residence service   Other: (specify)   Publication. Use this option if address is unknown. Must be accompanied by an "Unknown Address Affidavit."   County Child Support Enforcement Agency at   (address) by:   Certified Mail, Return Receipt Requested   Issuance to Sheriff of   County Child Support Enforcement Agency at   (address) by:   Certified Mail, Return Receipt Requested   Issuance to Sheriff of   County Child Support Enforcement Agency at   (address) by:   Certified Mail, Return Receipt Requested   Issuance to Sheriff of   County Child Support Enforcement Agency at   (address) by:   Certified Mail, Return Receipt Requested   Issuance to Sheriff of   County Child Support Enforcement Agency at   (address) by:   Certified Mail, Return Receipt Requested   Issuance to Sheriff of   County Child Support Enforcement Agency at   Issuance to Sheriff of   Issuance to Sheriff of   Issuance to Sheriff of   Issuance to Sheriff of   Issuan		☐ Motion and Affidavit or Counter Affidavit for T	emporary Orders
Motion for Change of Child Support, Medical Support, Tax Exemption, or Other Child-Related Expenses   Motion for Contempt and Affidavit   Separation Agreement   Parenting Plan   Shared Parenting Plan   Affidavit of Income and Expenses   Affidavit of Income and Expenses   Affidavit of Property   Parenting Proceeding Affidavit   Explanation of Health Care Bills   Agreed Judgment Entry   Other: (specify)   Please serve the following parties with the above marked documents:   Defendant/Petitioner 2/Respondent at   (address) by:   Certified Mail, Return Receipt Requested   Issuance to Sheriff of   County, Ohio for   Personal or   Residence service   Other: (specify)   Publication. Use this option if address is unknown. Must be accompanied by an "Unknown Address Affidavit."   Plaintiff/Petitioner 1 at   (address) by:   Certified Mail, Return Receipt Requested   Issuance to Sheriff of   County, Ohio for   Personal or   Residence service   Other: (specify)   Publication. Use this option if address is unknown. Must be accompanied by an "Unknown Address Affidavit."   County Child Support Enforcement Agency at   (address) by:   Certified Mail, Return Receipt Requested   (address) by:   Certified Mail, Return R			sponsibilities (Custody)
Expenses   Motion for Contempt and Affidavit   Separation Agreement   Parenting Plan   Shared Parenting Plan   Affidavit of Income and Expenses   Affidavit of Property   Parenting Proceeding Affidavit   Health Insurance Affidavit   Explanation of Health Care Bills   Agreed Judgment Entry   Other: (specify)   Other: (specify)   Certified Mail, Return Receipt Requested   Issuance to Sheriff of			·
Separation Agreement Parenting Plan Shared Parenting Plan Affidavit of Income and Expenses Affidavit of Property Parenting Proceeding Affidavit Explanation of Health Care Bills Agreed Judgment Entry Other: (specify)  Please serve the following parties with the above marked documents:  Defendant/Petitioner 2/Respondent at (address) by: Certified Mail, Return Receipt Requested Issuance to Sheriff of Other: (specify) Publication. Use this option if address is unknown. Must be accompanied by an "Unknown Address Affidavit."  Plaintiff/Petitioner 1 at (address) by: Certified Mail, Return Receipt Requested Issuance to Sheriff of County, Ohio for Personal or Residence service (address) by: Certified Mail, Return Receipt Requested Issuance to Sheriff of County, Ohio for Personal or Residence service Other: (specify) Publication. Use this option if address is unknown. Must be accompanied by an "Unknown Address Affidavit."  County Child Support Enforcement Agency at (address) by: Certified Mail, Return Receipt Requested		<del></del>	cal Support, Tax Exemption, or Other Child-Related
Parenting Plan   Shared Parenting Plan   Affidavit of Income and Expenses   Affidavit of Property   Parenting Proceeding Affidavit   Health Insurance Affidavit   Health Insurance Affidavit   Explanation of Health Care Bills   Agreed Judgment Entry   Other: (specify)   Please serve the following parties with the above marked documents:    Defendant/Petitioner 2/Respondent at   (address) by:   Certified Mail, Return Receipt Requested   Issuance to Sheriff of   County, Ohio for   Personal or   Residence service   Other: (specify)   Publication. Use this option if address is unknown. Must be accompanied by an "Unknown Address Affidavit."   Plaintiff/Petitioner 1 at   (address) by:   Certified Mail, Return Receipt Requested   Issuance to Sheriff of   County, Ohio for   Personal or   Residence service   Other: (specify)   Publication. Use this option if address is unknown. Must be accompanied by an "Unknown Address Affidavit."   County Chilid Support Enforcement Agency at   (address) by:   Certified Mail, Return Receipt Requested   County Chilid Support Enforcement Agency at   Certified Mail, Return Receipt Requested   Certified			
Shared Parenting Plan   Affidavit of Income and Expenses   Affidavit of Property   Parenting Proceeding Affidavit   Health Insurance Affidavit   Health Insurance Affidavit   Explanation of Health Care Bills   Agreed Judgment Entry   Other: (specify)   Other: (specify)   Please serve the following parties with the above marked documents:    Defendant/Petitioner 2/Respondent at   (address) by:   Certified Mail, Return Receipt Requested   Issuance to Sheriff of   County, Ohio for   Personal or   Residence service   Other: (specify)   Publication. Use this option if address is unknown. Must be accompanied by an "Unknown Address Affidavit."   Plaintiff/Petitioner 1 at   (address) by:   Certified Mail, Return Receipt Requested   Issuance to Sheriff of   County, Ohio for   Personal or   Residence service   Other: (specify)   Publication. Use this option if address is unknown. Must be accompanied by an "Unknown Address Affidavit."   County Child Support Enforcement Agency at   (address) by:   Certified Mail, Return Receipt Requested   (address) by:   Certified Mail, Return Receipt Requested		Separation Agreement	
Affidavit of Income and Expenses   Affidavit of Property   Parenting Proceeding Affidavit   Health Insurance Affidavit   Explanation of Health Care Bills   Agreed Judgment Entry   Other: (specify)   Other: (specify)   Please serve the following parties with the above marked documents:    Defendant/Petitioner 2/Respondent at   (address) by:   Certified Mail, Return Receipt Requested   Issuance to Sheriff of   County, Ohio for   Personal or   Residence service   Other: (specify)   Publication. Use this option if address is unknown. Must be accompanied by an "Unknown Address Affidavit."   Plaintiff/Petitioner 1 at   (address) by:   Certified Mail, Return Receipt Requested   Issuance to Sheriff of   County, Ohio for   Personal or   Residence service   Other: (specify)   Publication. Use this option if address is unknown. Must be accompanied by an "Unknown Address Affidavit."   County Child Support Enforcement Agency at   (address) by:   Certified Mail, Return Receipt Requested   Issuance to Sheriff of   County Child Support Enforcement Agency at   (address) by:   Certified Mail, Return Receipt Requested   Issuance to Sheriff of   County Child Support Enforcement Agency at   (address) by:   Certified Mail, Return Receipt Requested   Issuance to Sheriff of   County Child Support Enforcement Agency at   (address) by:   Certified Mail, Return Receipt Requested   Issuance to Sheriff of   County Child Support Enforcement Agency at   (address) by:   Certified Mail, Return Receipt Requested   Issuance to Sheriff of   County Child Support Enforcement Agency at   Issuance to Sheriff of   Issuance to Sherif		☐ Parenting Plan	
Affidavit of Property		☐ Shared Parenting Plan	
Parenting Proceeding Affidavit   Health Insurance Affidavit   Explanation of Health Care Bills   Agreed Judgment Entry   Other: (specify)   Please serve the following parties with the above marked documents:    Defendant/Petitioner 2/Respondent at   (address) by:   Certified Mail, Return Receipt Requested   Issuance to Sheriff of   County, Ohio for   Personal or   Residence service   Other: (specify)   Publication. Use this option if address is unknown. Must be accompanied by an "Unknown Address Affidavit."   Plaintiff/Petitioner 1 at   (address) by:   Certified Mail, Return Receipt Requested   Issuance to Sheriff of   County, Ohio for   Personal or   Residence service   Other: (specify)   Publication. Use this option if address is unknown. Must be accompanied by an "Unknown Address Affidavit."   County Child Support Enforcement Agency at (address) by:   Certified Mail, Return Receipt Requested   County Child Support Enforcement Agency at (address) by:   Certified Mail, Return Receipt Requested		Affidavit of Income and Expenses	
Health Insurance Affidavit   Explanation of Health Care Bills   Agreed Judgment Entry   Other: (specify)   Please serve the following parties with the above marked documents:    Defendant/Petitioner 2/Respondent at   (address) by:   Certified Mail, Return Receipt Requested   Issuance to Sheriff of   County, Ohio for   Personal or   Residence service   Other: (specify)   Publication. Use this option if address is unknown. Must be accompanied by an "Unknown Address Affidavit."   Plaintiff/Petitioner 1 at   (address) by:   Certified Mail, Return Receipt Requested   Issuance to Sheriff of   County, Ohio for   Personal or   Residence service   Other: (specify)   Publication. Use this option if address is unknown. Must be accompanied by an "Unknown Address Affidavit."   County Child Support Enforcement Agency at (address) by:   Certified Mail, Return Receipt Requested   County Child Support Enforcement Agency at (address) by:   Certified Mail, Return Receipt Requested   County Child Support Enforcement Agency at (address) by:   Certified Mail, Return Receipt Requested   Certified Mail, R			
Explanation of Health Care Bills   Agreed Judgment Entry   Other: (specify)			
Agreed Judgment Entry Other: (specify)  Please serve the following parties with the above marked documents:  Defendant/Petitioner 2/Respondent at  (address) by: Certified Mail, Return Receipt Requested Issuance to Sheriff of Other: (specify) Publication. Use this option if address is unknown. Must be accompanied by an "Unknown Address Affidavit."  Plaintiff/Petitioner 1 at (address) by: Certified Mail, Return Receipt Requested Issuance to Sheriff of County, Ohio for Personal or Residence service (address) by: Certified Mail, Return Receipt Requested Issuance to Sheriff of County, Ohio for Personal or Residence service Other: (specify) Publication. Use this option if address is unknown. Must be accompanied by an "Unknown Address Affidavit." County Child Support Enforcement Agency at (address) by: Certified Mail, Return Receipt Requested			
Other: (specify)  Please serve the following parties with the above marked documents:  Defendant/Petitioner 2/Respondent at  (address) by:  Certified Mail, Return Receipt Requested Issuance to Sheriff of Other: (specify) Publication. Use this option if address is unknown. Must be accompanied by an "Unknown Address Affidavit."  Plaintiff/Petitioner 1 at (address) by: Certified Mail, Return Receipt Requested Issuance to Sheriff of Other: (specify) Publication. Use this option if address is unknown. Must be accompanied by an "Unknown Address Affidavit."  County Child Support Enforcement Agency at (address) by: Certified Mail, Return Receipt Requested			
Please serve the following parties with the above marked documents:  Defendant/Petitioner 2/Respondent at  (address) by:  Certified Mail, Return Receipt Requested Issuance to Sheriff of Other: (specify) Publication. Use this option if address is unknown. Must be accompanied by an "Unknown Address Affidavit."  Plaintiff/Petitioner 1 at (address) by: Certified Mail, Return Receipt Requested Issuance to Sheriff of Other: (specify) Publication. Use this option if address is unknown. Must be accompanied by an "Unknown Address Affidavit."  County Child Support Enforcement Agency at (address) by: Certified Mail, Return Receipt Requested			
Defendant/Petitioner 2/Respondent at  (address) by:    Certified Mail, Return Receipt Requested   Issuance to Sheriff of		U Other: (specify)	
Certified Mail, Return Receipt Requested   Issuance to Sheriff of	Please	se serve the following parties with the above marked o	
Certified Mail, Return Receipt Requested    Issuance to Sheriff of	5450	<b>5</b>	documents:
□ Issuance to Sheriff of       County, Ohio for □ Personal or □ Residence service         □ Other: (specify)       Publication. Use this option if address is unknown. Must be accompanied by an "Unknown Address Affidavit."         □ Plaintiff/Petitioner 1 at		-	documents:
Other: (specify) Publication. Use this option if address is unknown. Must be accompanied by an "Unknown Address Affidavit."  Plaintiff/Petitioner 1 at  (address) by: Certified Mail, Return Receipt Requested Issuance to Sheriff of County, Ohio for Personal or Residence service Other: (specify) Publication. Use this option if address is unknown. Must be accompanied by an "Unknown Address Affidavit."  County Child Support Enforcement Agency at (address) by: Certified Mail, Return Receipt Requested		-	
Publication. Use this option if address is unknown. Must be accompanied by an "Unknown Address Affidavit."  Plaintiff/Petitioner 1 at		Defendant/Petitioner 2/Respondent at	
Plaintiff/Petitioner 1 at		Defendant/Petitioner 2/Respondent at  Certified Mail, Return Receipt Requested	(address) by:
		Defendant/Petitioner 2/Respondent at  Certified Mail, Return Receipt Requested Issuance to Sheriff of Other: (specify)	(address) by: County, Ohio for  Personal or  Residence service
Certified Mail, Return Receipt Requested  Issuance to Sheriff of County, Ohio for ☐ Personal or ☐ Residence service  Other: (specify)  Publication. Use this option if address is unknown. Must be accompanied by an "Unknown Address Affidavit."  County Child Support Enforcement Agency at (address) by:  ☐ Certified Mail, Return Receipt Requested		Defendant/Petitioner 2/Respondent at  Certified Mail, Return Receipt Requested Issuance to Sheriff of Other: (specify)	(address) by: County, Ohio for  Personal or  Residence service
□ Issuance to Sheriff of □ County, Ohio for □ Personal or □ Residence service □ Other: (specify) □ Publication. Use this option if address is unknown. Must be accompanied by an "Unknown Address Affidavit." □ □ County Child Support Enforcement Agency at □ (address) by: □ Certified Mail, Return Receipt Requested		Defendant/Petitioner 2/Respondent at  Certified Mail, Return Receipt Requested Issuance to Sheriff of Other: (specify) Publication. Use this option if address is unknown. Mus	(address) by: County, Ohio for  Personal or  Residence service
Other: (specify) Publication. Use this option if address is unknown. Must be accompanied by an "Unknown Address Affidavit."  County Child Support Enforcement Agency at  (address) by:		Defendant/Petitioner 2/Respondent at  Certified Mail, Return Receipt Requested Issuance to Sheriff of Other: (specify) Publication. Use this option if address is unknown. Mus	(address) by:  County, Ohio for  Personal or  Residence service  at be accompanied by an "Unknown Address Affidavit."
Publication. Use this option if address is unknown. Must be accompanied by an "Unknown Address Affidavit."  County Child Support Enforcement Agency at  (address) by:		Defendant/Petitioner 2/Respondent at  Certified Mail, Return Receipt Requested Issuance to Sheriff of Other: (specify) Publication. Use this option if address is unknown. Must	(address) by:  County, Ohio for  Personal or  Residence service  at be accompanied by an "Unknown Address Affidavit."
County Child Support Enforcement Agency at  (address) by:  Certified Mail, Return Receipt Requested		Defendant/Petitioner 2/Respondent at  Certified Mail, Return Receipt Requested Issuance to Sheriff of Other: (specify) Publication. Use this option if address is unknown. Must Plaintiff/Petitioner 1 at  Certified Mail, Return Receipt Requested	(address) by:  County, Ohio for  Personal or  Residence service  at be accompanied by an "Unknown Address Affidavit."  (address) by:
(address) by:		Defendant/Petitioner 2/Respondent at  Certified Mail, Return Receipt Requested Issuance to Sheriff of Other: (specify) Publication. Use this option if address is unknown. Must Plaintiff/Petitioner 1 at  Certified Mail, Return Receipt Requested Issuance to Sheriff of	(address) by:  County, Ohio for  Personal or  Residence service  at be accompanied by an "Unknown Address Affidavit."  (address) by:
		Defendant/Petitioner 2/Respondent at  Certified Mail, Return Receipt Requested Issuance to Sheriff of Other: (specify) Publication. Use this option if address is unknown. Must Plaintiff/Petitioner 1 at  Certified Mail, Return Receipt Requested Issuance to Sheriff of Other: (specify)	(address) by:  County, Ohio for  Personal or  Residence service  at be accompanied by an "Unknown Address Affidavit."  (address) by:  County, Ohio for  Personal or  Residence service
☐ Issuance to Sheriff of County Ohio for ☐ Personal or ☐ Pesidence convice		Defendant/Petitioner 2/Respondent at  Certified Mail, Return Receipt Requested Issuance to Sheriff of Other: (specify) Publication. Use this option if address is unknown. Must Plaintiff/Petitioner 1 at  Certified Mail, Return Receipt Requested Issuance to Sheriff of Other: (specify)	
Country, Official of Country, Official of Residence service		Defendant/Petitioner 2/Respondent at  Certified Mail, Return Receipt Requested Issuance to Sheriff of Other: (specify) Publication. Use this option if address is unknown. Must Plaintiff/Petitioner 1 at  Certified Mail, Return Receipt Requested Issuance to Sheriff of Other: (specify) Publication. Use this option if address is unknown. Must	
Other: (specify)		Defendant/Petitioner 2/Respondent at  Certified Mail, Return Receipt Requested Issuance to Sheriff of Other: (specify) Publication. Use this option if address is unknown. Must Plaintiff/Petitioner 1 at  Certified Mail, Return Receipt Requested Issuance to Sheriff of Other: (specify) Publication. Use this option if address is unknown. Must Certified Mail, Return Receipt Requested  Certified Mail, Return Receipt Requested	

Supreme Court of Ohio
Uniform Domestic Relations Form 31
Uniform Juvenile Form 10
REQUEST FOR SERVICE
Approved under Ohio Civil Rule 84 and Ohio Juvenile Rule 46
Amended: September 21, 2020

	Other	at
		(address) by:
	☐ Certified Mail, Return Receipt Requested ☐ Issuance to Sheriff of ☐ Other: (specify)	
CDEC		Must be accompanied by an "Unknown Address Affidavit."
SPECI	AL INSTRUCTIONS TO SHERIFF:	
		Attorney or Self Represented Party Signature
		· · · · · · · · · · · · · · · · · · ·
		Printed Name
		Address
		City, State, Zip
		Oity, State, Zip
		Phone Number
		Fax Number
		E-mail
		Supreme Court Reg No. (if any)

## The Court of Common Pleas

# JUVENILE DIVISION HOLMES COUNTY, OHIO

In the Matter of:	Case No
(Child's Name)	JUDGE THOMAS C. LEE
	MAGISTRATE JULIE DREHER
Plaintiff	
vs	
Defendant	<del></del>
	MENTAL INFORMATION FORM all custody, visitation and child support cases)
Name of filing party:	
	(your name)
Social Security Number of filing party:	
	(your ssn)
•	er will be kept separate from case documents. However, your social sed in future collection efforts if you fail to pay costs as ordered in

this case.