



The Honorable Maryellen O'Shaughnessy
Franklin County Clerk of Courts

Clerk of Courts Juvenile Division
373 South High Street, 4th Floor
Columbus, Ohio 43215
614.525.4411

Instructions for Filing a Complaint for Allocation of Parental Rights/Custody

Please ensure you have all of the following documents. You must answer all questions and complete all blanks, otherwise the Court may not be able to make orders in your case.

- ☐ Complaint with Notice of Hearing - Do not sign the last page until you are before the Clerk or a notary**
- ☐ Health Insurance Affidavit (Loc.Juv.R. 10) - Do not sign until you are before the Clerk or a notary
- ☐ Parenting Proceeding Affidavit (O.R.C 3127.23) - Do not sign until you are before the Clerk or a notary
- ☐ Instructions for Service
- ☐ Certificate of Assignment
- ☐ Confidential Disclosure of Personal Identifiers

** You must fill in how the parent-child relationship was established (#5 in the Complaint) and include the following information as it applies to each child:

- Administrative Child Support Order (SETS) number (available through Child Support Enforcement if there is a support order)
- Judicial Case Number if there is an existing court case related to child support or paternity for each child
- Paternity Registry Number for each child.

If you are requesting Child Support, you must also fully complete and include the following documents.

- ☐ IV-D Application
- ☐ Child Support Affidavit (Loc.Juv.R. 10) - Do not sign until you are before the Clerk or a notary
- ☐ Copy of each child's Administrative Child Support Order if support has been established directly with the Child Support Enforcement Agency

Birth Certificate

If you do not file copies of each child's birth certificate as required in the complaint, you must bring them to the first hearing. If you need to obtain a copy of each child's birth certificate, visit the Bureau of Vital Statistics website at <https://odh.ohio.gov/know-our-programs/vital-statistics>.

Service

All necessary parties must be served with a copy of the documents through the Clerk's office at least seven days prior to the hearing date, and non-parent filers must serve both parents.

You may have the Clerk serve the complaint/motion by one of the following methods:

1. Certified Mail - included in court costs
2. Personal service by Sheriff - additional costs will be charged to the filer; if out-of-county, that Sheriff must be contacted in advance
3. Personal service by Process Server - you must pay a process server separately and in advance
4. Service by Publication - only if reasonable attempts have been made to locate the party, but you have been unable to do so; typically requires attempts to serve by other service methods. Additional costs will be charged to the filer

continued on next page

Service (continued)

5. Posting - same standards as service by publication; available if you have a current indigency affidavit
6. Registered Mail - only used if the party to be served resides in a foreign country

If Service Fails

You will receive written notification by letter from the Clerk's office. **You must attempt service again.** If service cannot be perfected at least seven days before the scheduled court date, your case will be continued to provide adequate time to serve the other party(ies).

If personal service fails, you can attempt personal service again or try Certified Mail through the Clerk's office.

If Certified Mail service fails because it is **unclaimed** or **refused**, you may request Ordinary Mail service to the same address through the Clerk's office.

Necessary parties may waive service of Summons if they agree in writing to accept the paperwork. Special Waiver forms are available with the Clerk's office or from the assigned Magistrate.

Questions? You may call the Self Represented Resource Center on the Fourth Floor at 614.525.7531, or you can visit the Duty Magistrate on the Third Floor.

Emergency Custody - Local Juv. R. 5(F)

Emergency custody orders are rarely granted, as there are very few cases where a true, life-altering emergency exists. A request for emergency custody, therefore, should be reserved for situations where there is an immediate and present danger to the child(ren).

The following situations DO NOT constitute an emergency:

1. Enrolling the child in school;
2. Obtaining an initial custody order;
3. Missed visitation;
4. Refusal to return the child following visitation; and/or,
5. Obtaining non-emergency medical treatment

Procedure when Requesting Emergency Custody

Before requesting emergency custody you must file a:

- complaint for custody if there is not a current custody case involving the minor child, or
- motion to modify the existing custody order in the existing custody case.

To request an emergency custody order, you must prepare a Motion for Emergency Custody, along with an Affidavit verifying the basis for your motion. You must schedule a hearing before your assigned Judge. The Motion for Emergency Custody will be heard within 30 days from the date of filing your motion. Prior to your hearing, all parties to the case must receive service through the Clerk's office of the Summons and Notice of Hearing and a copy of the Motion for Emergency Custody.

The hearing on your Motion for Emergency Custody will be continued unless service has been obtained on all parties, and proof of service has been confirmed with the Clerk's office.

**IN THE COURT OF COMMON PLEAS OF FRANKLIN COUNTY, OHIO
DIVISION OF DOMESTIC RELATIONS AND JUVENILE BRANCH**

VS _____

_____ and _____

(your name)
(address)
(city/state/zip)
(other party's name)
(address)
(city/state/zip)
(other party's name)
(address)
(city/state/zip)

CASE NO.: _____
JUDGE: _____
MAGISTRATE: _____

**COMPLAINT FOR ALLOCATION OF
PARENTAL RIGHTS AND/OR CUSTODY**

1. I am _____, the _____ of the minor child(ren),
(your full name) (your relationship to child(ren)) (listed below)

I live at _____
(full address including street, city, state, and zip code)

List Child(ren)'s Name(s) and Date(s) of Birth(s):

a. _____ DOB: _____
(name) Male ☐ Female ☐

b. _____ DOB: _____
(name) Male ☐ Female ☐

c. _____ DOB: _____
(name) Male ☐ Female ☐

d. _____ DOB: _____
(name) Male ☐ Female ☐

2. The child(ren) reside(s) within _____, County, Ohio and has/have for _____.
(time period)

3. The child(ren)'s mother is _____ and her current address is
(full name)

(full address including street, city, state, and zip code)

4. The child(ren)'s father is _____ and his current address is
(full name)

(full address including street, city, state, and zip code)

5. Paternity was established by: (Check One – Must be Answered)

- ☐ administrative order
☐ judicial order
☐ paternity registry
☐ child(ren) born during marriage
☐ paternity has not been established
☐ unknown

Case or Sets Number: _____
Judicial Case Number: _____
Paternity Registry Number: a. _____
b. _____
c. _____
d. _____

6. Mother and Father ☐ have never been married to each other ☐ are currently married to each other or have previously been married to each other ☐ unknown.
7. A copy of the birth certificate for each child listed above is attached hereto.
8. The child(ren) ☐ is(are) ☐ is(are) not ward(s) of any other court. **(Must Check One)**

WHEREFORE, I request the Court issue the following orders: **(Check all that are requested)**

- ☐ Designate me or another party as the sole residential parent and/or legal custodian, allocate parenting time and/or visitation for the minor children listed herein
- ☐ Adopt the proposed shared parenting plan (must file a proposed shared parenting plan at least 30 days before the hearing)
- ☐ Child support, allocate the tax dependency exemption, and/or health insurance coverage
- ☐ Approve, adopt, and modify or terminate the Administrative Child Support Order SETS # _____ **(MUST attach a copy of current Administrative Child Support Order with current Administrative child support worksheet and a proposed child support worksheet)**
- ☐ Temporary orders as appropriate
- ☐ Adopt the proposed shared custody plan (if you are **not** the mother or father of the child)
- ☐ Any other relief the Court deems appropriate
- ☐ Other: _____

Plaintiff (your signature)

(Address)

Printed Name

(City) (State) (Zip Code)

If you or another party on the case needs Interpretation Services for the scheduled hearing below, please contact the Language Interpreter Coordinator at drj_interpreterrequest@fccourts.org within five (5) business days of the hearing.

(Telephone Number)

Email Address

VERIFICATION OF SIGNATURE

The above person appeared before me and stated that the statements contained in the complaint were true to the best of his/her knowledge this _____ day of _____, 20____.

Notary Public

NOTICE OF HEARING

(to be filled out if Complaint is being filed in person; not for use with e-filing)

Please take notice that the complaint will come on for hearing on _____(month) _____(day), _____(year), at _____ am/pm in Courtroom _____, 373 S. High Street, 3rd Floor, Columbus, Ohio 43215.

Plaintiff

***NOTICE: Failure of the Plaintiff to appear will result in dismissal of the Complaint.
Failure of Defendant(s) to appear may result in the hearing of all claims.***

**IN THE COURT OF COMMON PLEAS OF FRANKLIN COUNTY, OHIO
DIVISION OF DOMESTIC RELATIONS AND JUVENILE BRANCH**

Plaintiff/Petitioner

Case Number _____

v.

Defendant/Petitioner/Respondent/In the Matter of

**CERTIFICATE OF ASSIGNMENT
To be filed with ALL new cases**

1. If this case includes minor children, please provide the following information regarding the biological/adoptive parents:

Mother/Parent 1: _____ Father/Parent 2: _____

Child(ren)'s Name(s): _____

2. If the Complaint/Petition requests child support, custody, allocation of parental rights, the following information is required:

• The biological or adoptive parents of the child(ren) are currently married <u>to each other</u> .	YES	NO / UNKNOWN
• The biological or adoptive parents of the child(ren) were previously married to each other, AND there are existing custody and/or child support orders for any of the biological or adopted children of these same parents, AND these orders are in an OHIO domestic relations case (a divorce, dissolution, legal separation, or custody case).	YES	NO / UNKNOWN

If the answer is "YES" to either question, this matter must be filed in Domestic Relations Court. If you answer "NO / UNKNOWN" and it is incorrect, your case may be dismissed, and you will have to re-file it properly.

No Prior Cases

Attorney / Pro Se

Sup.Ct. # / Phone #

Please list all cases involving the mother of the child(ren) and/or involving the same parties:

Case Number	Case Type	Judge	Magistrate	Mass Transfer - <i>Internal Use</i>
				Judge Magistrate Date: _____
				Judge Magistrate Date: _____
				Judge Magistrate Date: _____
				Judge Magistrate Date: _____
				Judge Magistrate Date: _____

Internal use only

Clerk/Court Initials: _____

Assigned Judge: _____

Assigned Magistrate: _____

by Lottery (Sup.R.36.016)

by Rule (Sup.R.36.011(C))

by Lottery (Sup.R.36.016)

by Rule (Sup.R.36.011(C))

Maryellen O'Shaughnessy, Franklin County Clerk of Courts

**IN THE FRANKLIN COUNTY COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS AND JUVENILE DIVISION**

Plaintiff/Petitioner 1

vs./and

Defendant/Petitioner 2

Case No. _____

Judge _____

Magistrate _____

Instructions: Pursuant to Local Domestic Rule 24 and Local Juvenile Rule 10, this affidavit is required to be filed in all actions for dissolution, divorce or legal separation involving minor children, any complaint for custody, support, paternity, or any answer or counterclaim thereto, and with all motions to establish or modify child support or health insurance coverage. This affidavit is used to disclose health insurance coverage that is available for children. It is also used to determine child support. It must be filed if there are minor children of the relationship. If more space is needed, add additional pages.

HEALTH INSURANCE AFFIDAVIT

Affidavit of _____
(Print Your Name)

Plaintiff/Petitioner 1

Defendant/Petitioner 2

Is/are your child(ren) currently enrolled in a low-income program (i.e. Healthy Start/ Medicaid)?

☐ Yes ☐ No

☐ Yes ☐ No

Is/are your child(ren) enrolled in an individual (non-group or COBRA) health insurance plan?

☐ Yes ☐ No

☐ Yes ☐ No

Is/are your children enrolled in a plan found through the exchange/Affordable HealthCare Marketplace?

☐ Yes ☐ No

☐ Yes ☐ No

Is/are your child(ren) enrolled in a health insurance plan through a group (employer or other organization)?

☐ Yes ☐ No

☐ Yes ☐ No

If your child(ren) is/are not enrolled, do/does he/she/they have health insurance available through a group (employer or other organization)?

☐ Yes ☐ No

☐ Yes ☐ 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

(Do not sign until Notary Public is present)

Your Signature

Signature of Notary Public

Printed Name of Notary Public

Commission Expiration Date: _____

(Affix seal here)

**IN THE FRANKLIN COUNTY COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS AND JUVENILE BRANCH**

Plaintiff/Petitioner 1	Case No.	
	Judge	
vs./and	Magistrate	
Defendant/Petitioner 2/Respondent		

Instructions: Pursuant to Local Domestic Rule 38, Local Juvenile Rule 5 and the Ohio Revised Code, this affidavit is required to be filed and served with the first pleading or motion filed by each party in every domestic and juvenile 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)

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 ☐ M ☐ F
Period of residence	Address Confidential	Person child lived with (name and address)		Relationship
_____ to present	☐			
_____ to _____	☐			
_____ to _____	☐			
_____ to _____	☐			

b. Child's name _____		Place of birth _____	Date of birth _____	Sex ☐ M ☐ F
Period of residence	Address Confidential	Person child lived with (name and address)		Relationship
_____ to present	☐	_____ _____		_____
_____ to _____	☐	_____ _____		_____
_____ to _____	☐	_____ _____		_____
_____ to _____	☐	_____ _____		_____

c. Child's name _____		Place of birth _____	Date of birth _____	Sex ☐ M ☐ F
Period of residence	Address Confidential	Person child lived with (name and address)		Relationship
_____ to present	☐	_____ _____		_____
_____ to _____	☐	_____ _____		_____
_____ to _____	☐	_____ _____		_____
_____ to _____	☐	_____ _____		_____

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 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 has/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: _____

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

Plaintiff,	:	Case No. _____
	:	
v.	:	
	:	
	:	
Defendant.	:	

Confidential Disclosure of Personal Identifiers

INSTRUCTIONS FOR FILER

On and after July 1, 2009, Rules 44 and 45 of the Rules of Superintendence for the Courts of Ohio provide that parties and their attorneys should not include, or must redact where inclusion is necessary, certain personal identifiers in order to protect personal privacy. Rule 44 (H) defines personal identifiers to include “social security numbers, except for the last four digits; financial account numbers, including but not limited to debit card, charge card, and credit card numbers; [and] employer and employee identification numbers . . .” Personal identifiers should be omitted or redacted from all case documents submitted to the Court or filed with the Clerk, unless otherwise ordered by the court. This Confidential Disclosure of Personal Identifiers form is furnished to encourage and facilitate compliance with the provisions of Rule 45(D) of the Rules of Superintendence for the Courts of Ohio. Rule 45 (D) prescribes use of this form to allow personal identifiers to be furnished to the court or clerk separately as may be necessary for use as permitted by law in the performance duties required of the court of clerk. The contents of this form will not be subject to public disclosure. Additional pages may be attached to this form as necessary.

REFERENCE LIST

	NAME OF PARTY OR ENTITY TO WHICH OMITTED OR REDACTED PERSONAL IDENTIFIER APPLIES	COMPLETE PERSONAL IDENTIFIER <i>Use this column to list the personal identifiers that have been redacted from the document.</i>	CORRESPONDING REFERENCE <i>Use this column to list the reference or abbreviation that will refer to the corresponding complete personal identifier.</i>	LOCATION <i>Use this column to identify the document or documents where the reference appears in place of the personal identifier.</i>
1.				
2.				
3.				
4.				
5.				

☐ Check if additional pages are attached

Signature of person submitting the information