

COURT OF COMMON PLEAS  
PROBATE & JUVENILE DIVISIONS  
HURON COUNTY

**TIMOTHY L. CARDWELL JUDGE**

2 East Main Street  
Norwalk, OH 44857

**Instruction Sheet for Pro Se Filing**

1. Whether you are filing a new complaint or a motion in an existing case you must complete all forms in their entirety and to the best of your ability. Failure to complete and file all attached documents will result in your filing being returned to you with no action being taken. If this is a new case, a case number will be assigned.
2. If you are filing a new complaint or a motion in an existing case regarding custody and/or visitation you must also complete a child custody affidavit. The affidavit must be notarized prior to your bringing it to the court for filing.
3. If you are filing a new complaint or a motion in an existing case you must also complete a precipe for service.
4. The form entitled Consent to Custody and Waiver of Service is optional and is only to be completed by the responding party in the action if that party is in agreement regarding the change of custody. The consent must be notarized prior to your bringing it to the court for filing.
5. Type or print your responses in blue or black ink.
6. If you are filing a new complaint, the filing fee will be \$175.00 at the time you file the complaint.
7. If you are filing a motion in an existing case, the filing fee will be \$100.00 at the time you file the motion.
8. The complaint/motion shall be set for hearing by the Court. You shall receive a hearing notice in the mail. If your hearing notice is returned as undeliverable as addressed and you have not notified the Court of your new address, in writing, the complaint/motion shall be dismissed without further action.
9. If the hearing notice for another party is returned as undeliverable as addressed, you will be contacted for a new address. It is your responsibility to supply a good address in writing to the Court as soon as possible. If you do not do so, and complaint/motion is not served at the time of the hearing and the other party does not appear at the hearing, the motion/complaint will be dismissed without further action. All complaints shall be served on the parties by certified mail, unless service by the sheriff or process server is requested in writing. If you request personal service by the sheriff, additional costs will be assessed. If you want personal service a process server, it is your responsibility to make those arrangements.
10. If you are unable to supply the address because the other party's location is unknown to you, and cannot be found out with reasonable diligence, service by publication is provided for you in Juvenile Rule 16 (A). Because of the technical requirements and cost involved, the Court suggests that you consult with an attorney before pursuing this action.

# HURON COUNTY JUVENILE COURT

## Personal Identifiers Omission Form

*Updated 6/1/2021*

**Today's Date:** \_\_\_\_\_

**In the Matter of:** \_\_\_\_\_

**Case Number:** \_\_\_\_\_

**Pursuant to Rule 45(D)(2) of the Ohio Rules of Superintendence, when personal identifiers are omitted from a case document submitted to the Court for filing, the party who submitted the case document shall submit the omitted information on this form. This form is not a public record.**

### **Plaintiff**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### **Defendant**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### **Child**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Phone Number: \_\_\_\_\_

Mother's SSN: \_\_\_\_\_ Mother's DOB: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Father's Phone Number: \_\_\_\_\_

Father's SSN: \_\_\_\_\_ Father's DOB: \_\_\_\_\_

**Child**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Phone Number: \_\_\_\_\_

Mother's SSN: \_\_\_\_\_ Mother's DOB: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Father's Phone Number: \_\_\_\_\_

Father's SSN: \_\_\_\_\_ Father's DOB: \_\_\_\_\_

**Child**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Phone Number: \_\_\_\_\_

Mother's SSN: \_\_\_\_\_ Mother's DOB: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Father's Phone Number: \_\_\_\_\_

Father's SSN: \_\_\_\_\_ Father's DOB: \_\_\_\_\_

**Other Personal Identifiers** (including requested information above for additional children, and financial account numbers, employer and employee identification numbers):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

IN THE MATTER OF:

A Minor	:	
Plaintiff	:	Case No. _____
Street Address	:	
City, State and Zip Code	:	Judge _____
	:	
vs.	:	Magistrate _____
	:	
Defendant	:	
Street Address	:	
City, State and Zip Code	:	

**Instructions:** This form is to be used by **non-parents** requesting custody and/or visitation of a minor child(ren). The Parenting Proceeding Affidavit (Uniform Domestic Relations Form - Affidavit 3) and the Affidavit of Income and Expenses (Uniform Domestic Relations Form - Affidavit 1) must be filed with this Complaint.

**COMPLAINT FOR CUSTODY AND/OR VISITATION**

1. I, \_\_\_\_\_ (name), seek the custody and/or visitation with the following child(ren):

Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____

2. Defendant(s), \_\_\_\_\_  
is the biological    Father    Mother (select one) of the child(ren).

3. The child(ren) has/have resided in \_\_\_\_\_ County, Ohio since \_\_\_\_\_  
(date residence established) as set out in the Parenting Proceeding Affidavit (Uniform Domestic Relations Form - Affidavit 3).

4. The father-child relationship  has  has not (select one) been established. If it has been established, a copy of the order establishing the father-child relationship is attached. A copy of the child(ren)'s birth certificate is also attached.

5.  No court has issued an order about the following child(ren):

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The following Court has issued an order about the following child(ren):

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6. I request that the Court (check all that apply):

Name the Plaintiff Defendant (select one) as the residential parent and legal custodian of the child(ren).

Grant reasonable parenting time (visitation) to the Mother Father

Order the appropriate amount of child support for the child(ren), allocate the income tax dependency exemption for the child(ren), and determine who should provide health insurance coverage for the child(ren).

Other (specify):

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Your Signature

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Telephone number at which the Court may reach you or at which messages may be left for you

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

IN THE MATTER OF:

A Minor

Name	:		Case No.
	:		
Street Address	:		Judge
	:		
City, State and Zip Code	:		
Plaintiff/Petitioner	:		Magistrate
	:		
vs./and	:		
	:		
Name	:		
	:		
Street Address	:		
	:		
City, State and Zip Code	:		
Defendant/Petitioner	:		

**Instructions:** 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.

**REQUEST FOR SERVICE**

TO THE CLERK OF COURT:

Please serve the following documents on the following parties as I have indicated below:

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- Defendant/Petitioner at the address shown above.
- Certified Mail, Return Receipt Requested
- Issuance to Sheriff of \_\_\_\_\_ County, Ohio for  Personal or  Residence service
- Other (specify) \_\_\_\_\_

- Plaintiff/Petitioner at the address shown above.
  - Certified Mail, Return Receipt Requested
  - Issuance to Sheriff of \_\_\_\_\_ County, Ohio for  Personal or  Residence service
  - Other (specify) \_\_\_\_\_

- \_\_\_\_\_ County Child Support Enforcement Agency (provide address below):
  - Certified Mail, Return Receipt Requested
  - Issuance to Sheriff of \_\_\_\_\_ County, Ohio for  Personal or  Residence service
  - Other (specify) \_\_\_\_\_

- Other (address): \_\_\_\_\_
  - Certified Mail, Return Receipt Requested
  - Issuance to Sheriff of \_\_\_\_\_ County, Ohio for  Personal or  Residence service
  - Other (specify) \_\_\_\_\_

SPECIAL INSTRUCTIONS TO SHERIFF:

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\_\_\_\_\_  
Your Signature

**COURT OF COMMON PLEAS  
JUVENILE DIVISION  
HURON COUNTY, OHIO**

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

**Instructions:**  
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:			
<b>Date of Birth:</b>	<b>Sex:</b> Male      Female			
<u>Period of Residence</u>	<input type="checkbox"/> Address Confidential?	<u>Person(s) With Whom Child Lived</u> (name & address)		Relationship
_____ 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?	_____		_____



**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>		Check if <u>Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name & address)	Relationship
_____	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>		Check if <u>Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name & address)	Relationship
_____	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:

**HURON COUNTY COMMON PLEAS COURT  
JUVENILE DIVISION  
NORWALK, OHIO**

\_\_\_\_\_

Case Number: \_\_\_\_\_

Plaintiff

Date: \_\_\_\_\_

vs.

\_\_\_\_\_

Defendant

**CONSENT TO CUSTODY AND WAIVER OF SERVICE**

I, \_\_\_\_\_, do consent to a change of custody of the  
minor child herein, \_\_\_\_\_, from myself to  
\_\_\_\_\_.

I, \_\_\_\_\_, waive my right to formal summons in this  
matter.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP

Sworn to before me and signed in my presence this \_\_\_\_\_ day of  
\_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Deputy Clerk/Notary Public