

IN THE COMMON PLEAS COURT OF COSHOCTON COUNTY, OHIO  
JUVENILE DIVISION

Case No.: \_\_\_\_\_

**DISCLOSURE OF PERSONAL IDENTIFIER INFORMATION**

**CHILDREN'S INFORMATION**

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

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

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

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

**FILING PARTY**

NAME \_\_\_\_\_  
LAST MI FIRST

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

**OTHER PARTY**

NAME \_\_\_\_\_  
LAST MI FIRST

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

**OTHER PARTY**

NAME \_\_\_\_\_  
LAST MI FIRST

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

**Additional Party / Child Information on reverse**

**CHILDREN'S INFORMATION**

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

DOB: \_\_\_\_\_ DOB: \_\_\_\_\_ DOB: \_\_\_\_\_

**OTHER PARTY**

NAME \_\_\_\_\_  
LAST MI FIRST

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE NO. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

**OTHER PARTY**

NAME \_\_\_\_\_  
LAST MI FIRST

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE NO. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

**OTHER PARTY**

NAME \_\_\_\_\_  
LAST MI FIRST

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE NO. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

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

**IN THE MATTER OF:**

\_\_\_\_\_  
A Minor (date of birth)

\_\_\_\_\_  
Plaintiff

Case No. \_\_\_\_\_

\_\_\_\_\_  
Street Address

Judge

**VAN BLANCHARD II**

\_\_\_\_\_  
City, State and Zip Code

**vs.**

Magistrate

**AMANDA K. MILLER**

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

**and**

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

**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 establish parentage of the child(ren), be designated as the residential parent, or obtain parenting time (companionship and visitation) with the child(ren). A Request for Service (Uniform Domestic Relations Form 31), a Parenting Proceeding Affidavit (Uniform Domestic Relations Form - Affidavit 3) and an Affidavit of Basic Information, Income and Expenses (Uniform Domestic Relations Form - Affidavit 1) must be filed with this Complaint. 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.**

**COMPLAINT FOR PARENTAGE,  
ALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES (CUSTODY), AND  
PARENTING TIME (COMPANIONSHIP AND VISITATION)**

Now comes Plaintiff and states as follows:

1. Plaintiff is a parent of the following child(ren):

| Name of Child | Date of Birth |
|---------------|---------------|
| _____         | _____         |
| _____         | _____         |
| _____         | _____         |
| _____         | _____         |

2. Defendant, \_\_\_\_\_ (name) is a parent of the following child(ren):

| Name of Child | Date of Birth |
|---------------|---------------|
| _____         | _____         |
| _____         | _____         |
| _____         | _____         |
| _____         | _____         |

3. The child(ren) has/have resided in \_\_\_\_\_ County, Ohio since \_\_\_\_\_ (date).

4. A parent-child relationship has been established for the following child(ren):

| Name of Child | Date of Birth |
|---------------|---------------|
| _____         | _____         |
| _____         | _____         |
| _____         | _____         |
| _____         | _____         |

5. A parent-child relationship has not been established for the following child(ren):

| Name of Child | Date of Birth |
|---------------|---------------|
| _____         | _____         |
| _____         | _____         |
| _____         | _____         |
| _____         | _____         |

6. ☐ No Court has issued an order of parenting or support for the following child(ren):

| Name of Child | Date of Birth |
|---------------|---------------|
| _____         | _____         |
| _____         | _____         |
| _____         | _____         |
| _____         | _____         |

- ☐ The following child(ren) is/are subject to an existing order of parenting or support of another Court:

| Name of Child | Date of Birth |
|---------------|---------------|
| _____         | _____         |
| _____         | _____         |
| _____         | _____         |
| _____         | _____         |

7. Plaintiff requests that the Court: *(check all that apply)*

- ☐ Order genetic testing and determine the parent of the child(ren).
- ☐ Designate \_\_\_\_\_ (parent's name) as the parent of the child(ren) \_\_\_\_\_ (child(ren)'s name).
- ☐ Change the child(ren)'s name to \_\_\_\_\_.
- ☐ Correct the child(ren)'s birth certificate(s) to indicate the child(ren)'s parent.
- ☐ Adopt the proposed Shared Parenting Plan which is attached.
- ☐ Adopt the proposed Parenting Plan which is attached.
- ☐ Designate the residential parent and legal custodian of the child(ren).
- ☐ Order reasonable parenting time (companionship or visitation).
- ☐ Order child support, allocate the income tax dependency exemption, and determine who should provide health insurance coverage for the child(ren).
- ☐ Order the Ohio Department of Health to prepare (a) new birth certificate(s) for the child(ren).
- ☐ Other: *(specify)* \_\_\_\_\_

\_\_\_\_\_  
Attorney or Self Represented Party Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

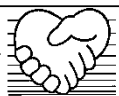
\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Supreme Court Reg No. (if any)



## ELIGIBILITY FOR SERVICES

### 2021 TANF

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

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

Social Security Number: \_\_\_\_\_

*To be eligible for TANF services the assistance group must include a minor child under age 18, full-time student, or pregnant individual. Services are also available to non-custodial parents of a minor eligible child who resides in the county but does not live in the same household as the minor child. An eligible family may consist of a pregnant individual or minor child who resides with parent, caretaker relative, legal guardian, or legal custodian. An eligible child may be "temporarily absent" from the home, up to six months, with a case plan for reunification. In order to receive services, a member of the assistance group must be a citizen of the United States or a qualified alien.*

**In addition, to qualify for the TANF services, the family must meet at least one of the following criteria. Check all that apply:**

**Items 1 & 2 are with regard to income and need to be verified:**

- ☐ 1. Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.
- a. The family is receiving OWF/Food Stamps/Medicaid ☐ Yes – attach Print-out ☐ No
- b. Family meets 200% of the federal poverty guideline ☐ Yes – Income Attached ☐ No
- ☐ 2. End dependence of needy parents on government benefits by promoting job preparation, work and marriage.
- a. The family is receiving OWF/Food Stamps/Medicaid ☐ Yes ☐ No
- b. Family meets 200% of the federal poverty guideline ☐ Yes – Income Attached ☐ No

**200% Federal Poverty Guideline (effective 2020)**

| Family Size          | 1      | 2      | 3      | 4      | 5      | 6      | 7      | 8      |
|----------------------|--------|--------|--------|--------|--------|--------|--------|--------|
| Monthly Income Limit | \$2127 | \$2873 | \$3620 | \$4367 | \$5113 | \$5860 | \$6607 | \$7353 |

**Items Below are response boxes only for JFS Determination ONLY:**

- ☐ YES, party signing is TANF eligible, documentation attached
- ☐ NO, party signing does not receive above services, other factors may determine eligibility.

\_\_\_\_\_  
JFS Agency Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**FINANCIAL DISCLOSURE FORM**

(\$25.00 application fee may be assessed—see notice on reverse side)

**I. PERSONAL INFORMATION**

|                        |        |                                                                                                                                                                                                    |          |                |                     |
|------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------|---------------------|
| Applicant's Legal Name |        | Applicant's Preferred Name and Pronoun                                                                                                                                                             |          | D.O.B.         |                     |
| Mailing Address        |        |                                                                                                                                                                                                    |          | City           |                     |
| State                  |        | Zip Code                                                                                                                                                                                           | Case No. | Phone<br>( ) - | Cell Phone<br>( ) - |
| SSN Last 4             | Gender | Race (double-click to de-select)<br>American Indian or Alaska Native      Asian      Black or African American      Native Hawaiian or Pacific Islander<br>Spanish or Latino      White      Other |          |                |                     |

**II. OTHER PERSONS LIVING IN HOUSEHOLD**

|            |        |              |            |        |              |
|------------|--------|--------------|------------|--------|--------------|
| Name<br>1) | D.O.B. | Relationship | Name<br>3) | D.O.B. | Relationship |
| 2)         |        |              | 4)         |        |              |

**III. PRESUMPTIVE ELIGIBILITY**

The appointment of counsel is presumed if the person represented meets any of the qualifications below. Please place an 'X'

Ohio Works First / TANF: \_\_\_\_ SSI: \_\_\_\_ SSD: \_\_\_\_ Medicaid: \_\_\_\_ Poverty Related Veterans' Benefits: \_\_\_\_ Food Stamps: \_\_\_\_

Refugee Settlement Benefits: \_\_\_\_ Incarcerated in state penitentiary: \_\_\_\_ Committed to a Public Mental Health Facility: \_\_\_\_

Other (please describe): \_\_\_\_\_ Juvenile: \_\_\_\_ (if juvenile, please continue at Section VIII)

**IV. INCOME AND EMPLOYER**

|                                                                           |           |                                                                        |              |
|---------------------------------------------------------------------------|-----------|------------------------------------------------------------------------|--------------|
|                                                                           | Applicant | Spouse<br>(Do not include spouse's income if spouse is alleged victim) | Total Income |
| Gross Monthly Employment Income                                           | \$        | \$                                                                     | \$           |
| Unemployment, Worker's Compensation, Child Support, Other Types of Income | \$        | \$                                                                     | \$           |
| <b>TOTAL INCOME</b>                                                       |           |                                                                        | \$           |

Employer's Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Employer's Address: \_\_\_\_\_

**V. LIQUID ASSETS**

| Type of Asset                            | Estimated Value |
|------------------------------------------|-----------------|
| Checking, Savings, Money Market Accounts | \$              |
| Stocks, Bonds, CDs                       | \$              |
| Other Liquid Assets or Cash on Hand      | \$              |
| <b>Total Liquid Assets</b>               | \$              |

**VI. MONTHLY EXPENSES**

| Type of Expense                                                                  | Amount | Type of Expense                                 | Amount |
|----------------------------------------------------------------------------------|--------|-------------------------------------------------|--------|
| Child Support Paid Out                                                           | \$     | Telephone                                       | \$     |
| Child Care (if working only)                                                     | \$     | Transportation / Fuel                           | \$     |
| Insurance (medical, dental, auto, etc.)                                          | \$     | Taxes Withheld or Owed                          | \$     |
| Medical / Dental Expenses or Associated Costs of Caring for Infirm Family Member | \$     | Credit Card, Other Loans                        | \$     |
| Rent / Mortgage                                                                  | \$     | Utilities (Gas, Electric, Water / Sewer, Trash) | \$     |
| Food                                                                             | \$     | Other (Specify)                                 | \$     |
| <b>EXPENSES</b>                                                                  | \$     | <b>EXPENSES</b>                                 | \$     |

**VII. DETERMINATION OF INDIGENCY**

If applicant's Total Income in Section IV is at or below 187.5% of the Federal Poverty Guidelines, counsel must be appointed.

For applicants whose Total Income in Section IV is above 125% of the Federal Poverty Guidelines, see recoupment notice in Section XI.

If applicant's Liquid Assets in Section V exceed figures provided in OAC 120-1-03, appointment of counsel may be denied if applicant can employ counsel using those liquid assets.

If applicant's Total Income falls above 187.5% of Federal Poverty Guidelines, but applicant is financially unable to employ counsel after paying monthly expenses in Section VI, counsel must be appointed.

### VIII. \$25.00 APPLICATION FEE NOTICE

By submitting this Financial Disclosure Form, you will be assessed a non-refundable \$25.00 application fee unless waived or reduced by the court. If assessed, the fee is to be paid to the clerk of courts within 7 days of submitting this form to the entity that will make a determination regarding your indigency. No applicant may be denied counsel based upon failure or inability to pay this fee.

### IX. APPLICANT CERTIFICATION

I, \_\_\_\_\_ (applicant or alleged delinquent child) state:

1. I am financially unable to retain private counsel without substantial hardship to me or my family.
2. I understand that I must inform the public defender or appointed attorney if my financial situation should change before the disposition of the case(s) for which representation is being provided.
3. I understand that if it is determined by the county or the court that legal representation should not have been provided, I may be required to reimburse the county for the costs of representation provided. Any action filed by the county to collect legal fees hereunder must be brought within two years from the last date legal representation was provided.
4. I understand that I am subject to criminal charges for providing false financial information in connection with this application for legal representation, pursuant to Ohio Revised Code sections 120.05 and 2921.13.
5. I hereby certify that the information I have provided on this financial disclosure form is true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### X. JUDGE CERTIFICATION

I hereby certify that the above-noted applicant is unable to fill out and/or sign this financial disclosure for the following reason: \_\_\_\_\_. I have determined that the party represented meets the criteria for receiving court-appointed counsel.

\_\_\_\_\_  
Judge's Signature

\_\_\_\_\_  
Date

### XI. NOTICE OF RECOUPMENT

R.C. 120.03 allows for county recoupment programs. Any such program may not jeopardize the quality of defense provided or act to deny representation to qualified applicants. No payments, compensation, or in-kind services shall be required from an applicant or client whose income falls below 125% of the federal poverty guidelines. See OAC 120-1-05.

Through recoupment, an applicant or client may be required to pay for **part** of the cost of services rendered, if he or she can reasonably be expected to pay. See R.C. 2941.51(D)

### XII. JUVENILE'S PARENTS' INCOME\* – FOR RECOUPMENT PURPOSES ONLY – NOT FOR APPOINTMENT OF COUNSEL

|                                                                          | Custodial Parents' Income (Do not include parents' income if parent or relative is alleged victim) | Total           |
|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------|
| Employment Income (Gross)                                                | \$ _____                                                                                           | \$ _____        |
| Unemployment, Workers Compensation, Child Support, Other Types of Income | \$ _____                                                                                           | \$ _____        |
|                                                                          | <b>TOTAL INCOME</b>                                                                                | <b>\$ _____</b> |

\*Please complete Section VI on page 1 of this form if you would like the court to consider your monthly expenses when determining the amount of recoupment which you can reasonably be expected to pay.



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

\_\_\_\_\_  
Plaintiff/Petitioner

Case No. \_\_\_\_\_

V.

Judge **VAN BLANCHARD II**Magistrate **AMANDA K. MILLER**\_\_\_\_\_  
Defendant/Petitioner/Respondent**and**\_\_\_\_\_  
Defendant/Petitioner/Respondent

**Instructions:** Check local court rules to determine when this form must be filed. By law, this affidavit must be filed and served with any Complaint, Petition or Motion regarding the allocation of parental rights and responsibilities, parenting time, custody, or visitation. 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 this marriage. You must list the residences for all places where the children have lived for the last **FIVE** years.

|                               |                                                                           |
|-------------------------------|---------------------------------------------------------------------------|
| <b>a. Child's Name:</b> _____ | <b>Place of Birth:</b> _____                                              |
| <b>Date of Birth:</b> _____   | <b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female |

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

Case No.: \_\_\_\_\_

|       |       |       |                                                   |       |
|-------|-------|-------|---------------------------------------------------|-------|
| _____ | to    | _____ | <input type="checkbox"/> Address<br>Confidential? | _____ |
| _____ | _____ | _____ | _____                                             | _____ |
| _____ | to    | _____ | <input type="checkbox"/> Address<br>Confidential? | _____ |
| _____ | _____ | _____ | _____                                             | _____ |
| _____ | to    | _____ | <input type="checkbox"/> Address<br>Confidential? | _____ |
| _____ | _____ | _____ | _____                                             | _____ |

|                               |                                                                           |
|-------------------------------|---------------------------------------------------------------------------|
| <b>b. Child's Name:</b> _____ | <b>Place of Birth:</b> _____                                              |
| <b>Date of Birth:</b> _____   | <b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> 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<br/>Confidential</u>                  | <u>Person(s) With Whom Child Lived</u><br>(name & address) | <u>Relationship</u> |
|----------------------------|------------|---------------------------------------------------|------------------------------------------------------------|---------------------|
| _____                      | to present | <input type="checkbox"/> Address<br>Confidential? | _____                                                      | _____               |
| _____                      | _____      | _____                                             | _____                                                      | _____               |
| _____                      | to         | <input type="checkbox"/> Address<br>Confidential? | _____                                                      | _____               |
| _____                      | _____      | _____                                             | _____                                                      | _____               |
| _____                      | to         | <input type="checkbox"/> Address<br>Confidential? | _____                                                      | _____               |
| _____                      | _____      | _____                                             | _____                                                      | _____               |
| _____                      | to         | <input type="checkbox"/> Address<br>Confidential? | _____                                                      | _____               |
| _____                      | _____      | _____                                             | _____                                                      | _____               |
| _____                      | to         | <input type="checkbox"/> Address<br>Confidential? | _____                                                      | _____               |
| _____                      | _____      | _____                                             | _____                                                      | _____               |

|                               |                                                                           |
|-------------------------------|---------------------------------------------------------------------------|
| <b>c. Child's Name:</b> _____ | <b>Place of Birth:</b> _____                                              |
| <b>Date of Birth:</b> _____   | <b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> 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<br/>Confidential</u>                  | <u>Person(s) With Whom Child Lived</u><br>(name & address) | <u>Relationship</u> |
|----------------------------|------------|---------------------------------------------------|------------------------------------------------------------|---------------------|
| _____                      | to present | <input type="checkbox"/> Address<br>Confidential? | _____                                                      | _____               |
| _____                      | _____      | _____                                             | _____                                                      | _____               |
| _____                      | to         | <input type="checkbox"/> Address                  | _____                                                      | _____               |
| _____                      | _____      | _____                                             | _____                                                      | _____               |

|       |       |                                        |       |
|-------|-------|----------------------------------------|-------|
| _____ | _____ | Confidential? _____                    | _____ |
| _____ | _____ | _____                                  | _____ |
| _____ | to    | <input type="checkbox"/> Address _____ | _____ |
| _____ | _____ | Confidential? _____                    | _____ |
| _____ | _____ | _____                                  | _____ |
| _____ | to    | <input type="checkbox"/> Address _____ | _____ |
| _____ | _____ | Confidential? _____                    | _____ |
| _____ | _____ | _____                                  | _____ |
| _____ | to    | <input type="checkbox"/> Address _____ | _____ |
| _____ | _____ | Confidential? _____                    | _____ |
| _____ | _____ | _____                                  | _____ |

d. Provide requested information for additional children on an separate sheet.

**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: \_\_\_\_\_

6. I understand that I have a continuing duty to advise this Court of any custody, visitation, parenting time, divorce, dissolution of marriage, separation, neglect, abuse, dependency, guardianship, parentage, termination of parental rights, or protection order from domestic violence case concerning the children about whom information is obtained during this case.

**OATH OR AFFIRMATION**

**[Do Not Sign Until Notary is Present]**

I, (print name) \_\_\_\_\_, swear or affirm that I have read this Affidavit and, to the best of my knowledge and belief, the facts and information stated in this Affidavit are true, accurate, and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

STATE OF \_\_\_\_\_ )  
 ) SS  
COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_  
Your signature

Sworn to or affirmed before me by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Affix seal here)

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

Commission Expiration Date: \_\_\_\_\_

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

\_\_\_\_\_  
Plaintiff/Petitioner

v.

\_\_\_\_\_  
Defendant/Petitioner/Respondent

**and**

\_\_\_\_\_  
Defendant/Petitioner/Respondent

Case No. \_\_\_\_\_

Judge **VAN BLANCHARD II**

Magistrate **AMANDA K. MILLER**

**Instructions:** Check local court rules to determine when this form must be filed. This affidavit is used to make complete disclosure of income, expenses, and money owed. It is used to determine child and spousal support. Do not leave any category blank. For each item, if none, put "NONE." If you do not know exact figures for any item, give your best estimate, and put "EST." **If you need more space, add additional pages.**

**AFFIDAVIT OF BASIC INFORMATION, INCOME, AND EXPENSES**

Affidavit of \_\_\_\_\_  
(Print Your Name)

**SECTION I – BASIC INFORMATION**

Plaintiff/Petitioner 1

Defendant/Petitioner 2

|                                                                                                                                                                                        |                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of Birth _____                                                                                                                                                                    | Date of Birth _____                                                                                                                                                                    |
|                                                                                                                                                                                        |                                                                                                                                                                                        |
| Phone Number _____                                                                                                                                                                     | Phone Number _____                                                                                                                                                                     |
| Health:<br><input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor<br>If health is not good, please explain:<br><br><br><br><br><br><br><br><br><br> | Health:<br><input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor<br>If health is not good, please explain:<br><br><br><br><br><br><br><br><br><br> |

|                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Education: (Check highest level achieved)<br><input type="checkbox"/> Grade School <input type="checkbox"/> High School<br><input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's<br><input type="checkbox"/> Post Graduate | Education: (Check highest level achieved)<br><input type="checkbox"/> Grade School <input type="checkbox"/> High School<br><input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's<br><input type="checkbox"/> Post Graduate |
| Other Technical Certifications:<br><br><br>Active Member of the U.S. Military<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                   | Other Technical Certifications:<br><br><br>Active Member of the U.S. Military<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                   |

## SECTION II – INCOME

|                              |                                                                                                                 |                                                                                                                 |
|------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                              | <b>Plaintiff/Petitioner Name</b>                                                                                | <b>Defendant/Petitioner 2's Name</b>                                                                            |
| Employed                     | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                        |
| Employer                     | _____                                                                                                           | _____                                                                                                           |
| Payroll address              | _____                                                                                                           | _____                                                                                                           |
| Payroll city, state, zip     | _____                                                                                                           | _____                                                                                                           |
| Scheduled paychecks per year | <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52 | <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52 |

### A. YEARLY INCOME, OVERTIME, COMMISSIONS, AND BONUSES FOR PAST THREE YEARS

|                                              | <u>Plaintiff/Petitioner 1</u> | Year | <u>Defendant/Petitioner 2</u> |
|----------------------------------------------|-------------------------------|------|-------------------------------|
| Base yearly income                           | \$ _____ 3 years ago —        | 20__ | \$ _____                      |
|                                              | \$ _____ 2 years ago —        | 20__ | \$ _____                      |
|                                              | \$ _____ Last year —          | 20__ | \$ _____                      |
| Yearly overtime, commissions, and/or bonuses | \$ _____ 3 years ago —        | 20__ | \$ _____                      |
|                                              | \$ _____ 2 years ago —        | 20__ | \$ _____                      |
|                                              | \$ _____ Last year —          | 20__ | \$ _____                      |

### B. COMPUTATION OF CURRENT INCOME

|                                                                                      | <b>Plaintiff/Petitioner 1</b> | <b>Defendant/Petitioner 2</b> |
|--------------------------------------------------------------------------------------|-------------------------------|-------------------------------|
| Base Yearly Income                                                                   | \$ _____                      | \$ _____                      |
| Average yearly overtime, commissions, and/or bonuses over last 3 years (from part A) | \$ _____                      | \$ _____                      |

|                                                                                                                                 |          |          |
|---------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| Unemployment Compensation                                                                                                       | \$ _____ | \$ _____ |
| Disability Benefits                                                                                                             |          |          |
| Workers' Compensation                                                                                                           |          |          |
| Social Security                                                                                                                 |          |          |
| Other: _____                                                                                                                    | \$ _____ | \$ _____ |
| Retirement Benefits <input type="checkbox"/>                                                                                    |          |          |
| Social Security                                                                                                                 |          |          |
| Other: _____                                                                                                                    | \$ _____ | \$ _____ |
| Spousal Support Received                                                                                                        | \$ _____ | \$ _____ |
| Interest and dividend income<br>( <i>source</i> ) _____                                                                         | \$ _____ | \$ _____ |
| Other income ( <i>type and source</i> ) _____                                                                                   | \$ _____ | \$ _____ |
| <b>TOTAL YEARLY INCOME</b>                                                                                                      | \$ _____ | \$ _____ |
| Supplemental Security Income<br>(SSI) or public assistance                                                                      | \$ _____ | \$ _____ |
| Court-ordered child support that<br>you receive for minor and/or<br>dependent child(ren) not of the<br>marriage or relationship | \$ _____ | \$ _____ |

### SECTION III – CHILDREN AND HOUSEHOLD RESIDENTS

Minor and/or dependent child(ren) who is/are adopted or born from this marriage or relationship:

| Name  | Date of birth | Living with |
|-------|---------------|-------------|
| _____ | _____         | _____       |
| _____ | _____         | _____       |
| _____ | _____         | _____       |
| _____ | _____         | _____       |

In addition to the above child(ren):

Plaintiff/Petitioner 1 has \_\_\_\_\_ other minor biological or adopted child(ren).

Defendant/Petitioner 2 has \_\_\_\_\_ other minor biological or adopted child(ren). There is/are \_\_\_\_\_ adult(s) in your household.



## SECTION IV – EXPENSES

List monthly expenses below for your present household.

### A. MONTHLY HOUSING EXPENSES

|                                                         |          |
|---------------------------------------------------------|----------|
| Rent or first mortgage (including taxes and insurance)  | \$ _____ |
| Second mortgage/equity line of credit                   | \$ _____ |
| Real estate taxes (if not included above)               | \$ _____ |
| Renter or homeowner's insurance (if not included above) | \$ _____ |
| Homeowner or condominium association fee                | \$ _____ |
| Utilities                                               |          |
| ◦ Electric                                              | \$ _____ |
| ◦ Gas, fuel oil, propane                                | \$ _____ |
| ◦ Water and sewer                                       | \$ _____ |
| ◦ Telephone and/or cell phone                           | \$ _____ |
| ◦ Trash collection                                      | \$ _____ |
| ◦ Cable/satellite television                            | \$ _____ |
| ◦ Internet service                                      | \$ _____ |
| Cleaning                                                | \$ _____ |
| Lawn service and/or snow removal                        | \$ _____ |
| Other: _____                                            | \$ _____ |
| _____                                                   | \$ _____ |
| <b>TOTAL MONTHLY:</b> \$ <u>0</u>                       |          |

### B. OTHER MONTHLY LIVING EXPENSES

|                                                                               |          |
|-------------------------------------------------------------------------------|----------|
| Food                                                                          |          |
| ◦ Groceries (including food, paper, cleaning products, toiletries, and other) | \$ _____ |
| ◦ Restaurant                                                                  | \$ _____ |
| Transportation                                                                |          |
| ◦ Vehicle loan, lease                                                         | \$ _____ |
| ◦ Vehicle maintenance                                                         | \$ _____ |
| ◦ Gasoline                                                                    | \$ _____ |
| ◦ Parking, public transportation                                              | \$ _____ |
| Clothing                                                                      |          |
| ◦ Clothes (other than child(ren)'s)                                           |          |

|                            |          |
|----------------------------|----------|
| ° Dry cleaning and laundry | \$ _____ |
| Personal grooming          |          |
| ° Hair and nail care       | \$ _____ |
| ° Other: _____             | \$ _____ |
| Other: _____               | \$ _____ |
| <b>TOTAL MONTHLY: \$ 0</b> |          |

**C. MONTHLY MINOR CHILD-RELATED EXPENSES**

(for child(ren) of the marriage or relationship)

|                                                                        |          |
|------------------------------------------------------------------------|----------|
| Work and/or education-related child care                               | \$ _____ |
| Other child care                                                       | \$ _____ |
| Extraordinary parenting time travel cost                               | \$ _____ |
| School tuition                                                         | \$ _____ |
| School lunches                                                         | \$ _____ |
| School supplies                                                        | \$ _____ |
| Extracurricular activities and lessons                                 | \$ _____ |
| Clothing                                                               | \$ _____ |
| Child(ren)'s allowances                                                | \$ _____ |
| Special and extraordinary needs of child(ren) (not included elsewhere) | \$ _____ |
| Other: _____                                                           | \$ _____ |
| <b>TOTAL MONTHLY: \$ 0</b>                                             |          |

**D. MONTHLY INSURANCE PREMIUMS**

|                            |          |
|----------------------------|----------|
| Life                       | \$ _____ |
| Auto                       | \$ _____ |
| Health                     | \$ _____ |
| Disability                 | \$ _____ |
| Other: _____               | \$ _____ |
| <b>TOTAL MONTHLY: \$ 0</b> |          |

**E. MONTHLY WORK AND EDUCATION EXPENSES FOR SELF**

|                                                          |          |
|----------------------------------------------------------|----------|
| Mandatory work expenses (union dues, uniforms, or other) | \$ _____ |
| Additional income taxes paid (not deducted from wages)   | \$ _____ |

|                            |          |
|----------------------------|----------|
| Tuition                    | \$ _____ |
| Books, fees, and other     | \$ _____ |
| College loan               | \$ _____ |
| Other: _____               | \$ _____ |
| _____                      | \$ _____ |
| <b>TOTAL MONTHLY: \$ 0</b> |          |

**F. MONTHLY HEALTH CARE EXPENSES**  
(not covered by insurance)

|                            |          |
|----------------------------|----------|
| Physicians                 | \$ _____ |
| Dentists and orthodontists | \$ _____ |
| Optometrists and opticians | \$ _____ |
| Prescriptions              | \$ _____ |
| Other: _____               | \$ _____ |
| <b>TOTAL MONTHLY: \$ 0</b> |          |

**G. MISCELLANEOUS MONTHLY EXPENSES**

|                                                                                                                                                                            |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Extraordinary obligations for other minor/handicapped child(ren) [for child(ren) who were not born of this marriage or relationship and were not adopted by these parties] | \$ _____ |
| Child support for child(ren) who were not born of this marriage or relationship and were not adopted by these parties                                                      | \$ _____ |
| Expenses paid for adult child(ren) or other dependent(s)                                                                                                                   | \$ _____ |
| Spousal support paid to former spouse(s)                                                                                                                                   | \$ _____ |
| Subscriptions and books                                                                                                                                                    | \$ _____ |
| Charitable contributions                                                                                                                                                   | \$ _____ |
| Memberships (associations and clubs)                                                                                                                                       | \$ _____ |
| Travel and vacations                                                                                                                                                       | \$ _____ |
| Pets                                                                                                                                                                       | \$ _____ |
| Gifts                                                                                                                                                                      | \$ _____ |
| Attorney fees                                                                                                                                                              | \$ _____ |
| Other: _____                                                                                                                                                               | \$ _____ |
| _____                                                                                                                                                                      | \$ _____ |
| <b>TOTAL MONTHLY: \$ 0</b>                                                                                                                                                 |          |

**H. MONTHLY INSTALLMENT PAYMENTS INCLUDING BANKRUPTCY PAYMENTS**

*(Do not repeat expenses already listed.)*

Examples: car, credit card, rent-to-own, or cash advance payments

| To whom paid | Purpose | Balance due | Monthly payment |
|--------------|---------|-------------|-----------------|
|              |         |             | \$              |
|              |         |             | \$              |
|              |         |             | \$              |
|              |         |             | \$              |
|              |         |             | \$              |
|              |         |             | \$              |
|              |         |             | \$              |
|              |         |             | \$              |
|              |         |             | \$              |
|              |         |             | \$              |
|              |         |             | \$              |
|              |         |             | \$              |
|              |         |             | \$              |

**TOTAL MONTHLY:** \$

**GRAND TOTAL MONTHLY EXPENSES (Sum of A through H):** \$

**OATH OR AFFIRMATION**

***(Do not sign until Notary Public is present)***

I, (print name) \_\_\_\_\_, swear or affirm that I have read this Affidavit and, to the best of my knowledge and belief, the facts and information stated in this Affidavit are true, accurate, and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) SS  
Your signature \_\_\_\_\_

Sworn to or affirmed before me by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Affix seal here)

Notary Public

Printed Name of Notary Public

Commission Expiration Date: \_\_\_\_\_

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

\_\_\_\_\_  
Plaintiff/Petitioner

V.

\_\_\_\_\_  
Defendant/Petitioner/Respondent

**and**

\_\_\_\_\_  
Defendant/Petitioner/Respondent

Case No. \_\_\_\_\_

Judge **VAN BLANCHARD II**

Magistrate **AMANDA K. MILLER**

**Instructions:** Check local court rules to determine when this form must be filed. 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

\_\_\_\_\_

\_\_\_\_\_

**OATH OR AFFIRMATION**

***(Do not sign until Notary Public is present)***

I, (print name) \_\_\_\_\_, swear or affirm that I have read this Affidavit and, to the best of my knowledge and belief, the facts and information stated in this Affidavit are true, accurate, and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) SS

\_\_\_\_\_  
Your signature

Sworn to or affirmed before me by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Affix seal here)

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

Commission Expiration Date: \_\_\_\_\_



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

**IN THE MATTER OF:**

\_\_\_\_\_  
A Minor (date of birth)

\_\_\_\_\_  
Plaintiff

Case No. \_\_\_\_\_

\_\_\_\_\_  
Street Address

Judge

**VAN BLANCHARD II**

\_\_\_\_\_  
City, State and Zip Code

**vs.**

Magistrate

**AMANDA K. MILLER**

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

**and**

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

**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 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 Parentage, Allocation of Parental Rights and Responsibilities  
☐ Motion and Affidavit or Counter Affidavit for Temporary Orders



- ☐ Motion for Change of Parental Rights and Responsibilities (Custody)
- ☐ 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
- ☐ Parenting Plan
- ☐ Shared Parenting Plan
- ☐ Affidavit of Income and Expenses
- ☐ 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/Respondent at \_\_\_\_\_ (address) by:
  - ☐ Certified Mail, Return Receipt Requested
  - ☐ Issuance to Sheriff of \_\_\_\_\_ County, Ohio for ☐ Personal or ☐ Residence service
  - ☐ Other: (specify) \_\_\_\_\_
- ☐ Plaintiff/Petitioner at \_\_\_\_\_ (address) by:
  - ☐ Certified Mail, Return Receipt Requested
  - ☐ Issuance to Sheriff of \_\_\_\_\_ County, Ohio for ☐ Personal or ☐ Residence 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 ☐ Residence service
  - ☐ Other: (specify) \_\_\_\_\_
- ☐ Other \_\_\_\_\_ at \_\_\_\_\_ (address) by:
  - ☐ Certified Mail, Return Receipt Requested
  - ☐ Issuance to Sheriff of \_\_\_\_\_ County, Ohio for ☐ Personal or ☐ Residence service
  - ☐ Other: (specify) \_\_\_\_\_

SPECIAL INSTRUCTIONS TO SHERIFF:

---

---

---

\_\_\_\_\_  
Attorney or Self Represented Party Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Supreme Court Reg No. (if any)