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

IN THE MA	TTER OF:				
A Minor	(date of birth)				
		:			
Plaintiff		: Case No.			
Street Addre	ess	:			
City, State a	and Zip Code	: Judge :	VAN BLANCHARD II		
vs.		: : Magistrate	AMANDA K. MILLER		
Defendant		: :			
Street Addre	ess	:			
City, State a	and Zip Code	:			
and					
Defendant		:			
Street Addre	ess	:			
City, State and Zip Code		:			
	REQUEST, AFFIDAVIT, AN	ID ORDER FOR S	SERVICE BY POSTING		
Pursuant to	Ohio Juvenile Rule 16(A) and Ohio C				
and states a		uly sworn according to	o law hereby requests service by posting		
1.	(name of party) is the moving party in this				
	Request for service by posting in which the following action is filed:				
	Complaint for Parentage, Allocation of Parental Rights and Responsibilities				
	<ul><li>  Motion for Change of Parenting Time (Companionship and Visitation)</li><li>  Other: (specify)</li></ul>				
2.			, the person to be served,		
3.	The following efforts have been made to find the current residence of the person to be served:				
	Reviewed telephone directory in local area of last known address				

	Reviewed city or other local directory			
	Inquired of local utilities at area of last known address			
	Sent mail to the last known address			
	Contacted the US Postal Service for a forwarding address			
	Conducted an Internet search by using the following websites:			
	Contacted the following family members of friends of the person to be served:			
	Other efforts to locate the person to be served:			
4.	After doing all of the above I have not been able to locate the current address of the person to be served. Service of summons cannot be made by other means because the current residence of the person to be served is unknown to the undersigned.			
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.				
		Your signature		
STATE OF	)			
	) SS			
COUNTY O	ŕ			
Sworn to or	affirmed before me by	this,		
(Affix seal here)		Notary Public		
(Allix Seal N	ਹ। ਹ <i>)</i>	Printed Name of Notary Public		
	Commiss	sion Expiration Date:		