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					
NAMELAST					
ADDRESS					
TELEPHONE NO				_	
DATE OF BIRTH					
SOCIAL SECURITY NUMBER					
OTHER PARTY					
NAMELAST	NAI	FIRST			
ADDRESS					
DATE OF BIRTH					
SOCIAL SECURITY NUMBER					
OTHER PARTY					
NAMELAST	MI	FIRST			
ADDRESS				-	
TELEPHONE NO				-	
DATE OF BIRTH					
SOCIAL SECURITY NUMBER	·····				

CHILDREN'S INFORMATION

Name:	Name:		Name:
DOB:	DOB:		DOB:
OTHER PARTY			
NAMELAST	MI	FIDOT	
		FIRST	
ADDRESS			
PHONE NO			
DATE OF BIRTH			
SOCIAL SECURITY NUMBER			
OTHER PARTY			
NAMELAST	MI	FIRST	
ADDRESS			
PHONE NO			
DATE OF BIRTH			
SOCIAL SECURITY NUMBER			
OTHER PARTY			
NAMELAST	N/I	FIRST	
ADDRESS			
PHONE NO			
DATE OF BIRTH			
SOCIAL SECURITY NUMBER			

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

IN THE MATTER OF:

A Minor	(date of birth)		
		:	
Plaintiff		: Case No.	
Street Address		: Judge	JASON W. GIVEN
City, State and Zip Code	·	: Judge	
VS.		: Magistrate	AMANDA K. MILLER
Defendant		:	
Street Address	· ·	:	
City, State and Zip Code		:	
and			
Defendant		:	
Street Address	·	:	
City, State and Zip Code		:	
		e for the benefit of th hat you consult an a	he advice of legal counsel. httorney.

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.	Defend	lant,	_ (name) is a parent of the following child(ren):
		Name of Child	Date of Birth
3.	The ct	vild(ren) has/have resided in	County, Ohio since
З.		(date).	
4.	A pare	nt-child relationship has been established for the fo	bllowing child(ren):
		Name of Child	Date of Birth
5.	A pare	nt-child relationship has not been established for th	ne 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 or Name of Child	der of parenting or support of another Court: Date of Birth
Supr Unifo	eme Cou orm Dome	rt of Ohio estic Relations Form 23	
Unifo COM	orm Juve	nile Form 2 OR PARENTAGE, ALLOCATION OF PARENTAL RIGHTS A	ND RESPONSIBILITIES AND
Appr	oved und	er Ohio Civil Rule 84 and Ohio Juvenile Rule 46 otember 21, 2020	Page 2 of 3

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

	Order genetic testing and determine the parent of the child(ren).
\square	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)



Coshocton County Juvenile Court CASE NUMBER_____

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:						
 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						
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 Applican						

FINANCIAL DISCLOSURE FORM

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

I. PERSONAL INFORMATION										
Applicant's L	Applicant's Legal Name Applicant's Preferred Name and Pronoun D.O.B.						D.O.B.			
Mailing Add	Mailing Address City									
Stata		7	in Codo	Casa Na			Dhan		Call Dh	
State		Z	ip Code	Case No.			Phon (e) -	Cell Pho	one -
SSN Last 4	Gender	Bace (dou	hle-click to	de-select)			(1	()	
5514 2030 4	Gender	•		or Alaska Native	Asia	n E	Black or African	American	Native Hawaiia	an or Pacific Islander
		Spanis	h or Latino	1	Whit	e (Other			
				II. OTHER PE	RSONS L	IVING IN	HOUSEHOLD			
Name			D.O.B.	Relationship		ame			D.O.B.	Relationship
1)					3					
2)					4	,				
The appoint	mont of count	sol is prosu	mod if tho	person represented		IVE ELIGI		olow Place p	aco an 'V'	
Ohio Works	First / TANF:	SSI:	SSD: _	Medicaid:	_ Pover	ty Relate	d Veterans' Ben	efits: Foo	d Stamps:	
Refugee Set	tlement Benefi	ts: Ir	ncarcerated	l in state penitentiary	/:	Committe	ed to a Public N	/lental Health Fa	cility:	
Other (also							I	venile. (:C:		
Other (pleas	e describe):			17. 18				venile: (<i>if</i>)u	ivenile, please con	tinue at Section VIII)
				IV. IN		ND EMPL	OYER	Creation		
				Applic	cant		(Do not include s	Spouse spouse's income if spou	use is alleged victim)	Total Income
Gross Mont	hly Employmer	nt Income		\$			\$			\$
	ient, Worker's her Types of Ind		ion, Child	\$			\$			\$
Support, Oti	ier rypes of ind	LOITIE		¥			T	т	OTAL INCOME	-
Employer's N	Name:					P	hone Number:	()	-	
Employer's A	ddress:									
					v. liqui	D ASSETS				
Type of Asse	et					Estimate	ed Value			
Checking, Sa	ivings, Money I	Market Acco	ounts			\$				
Stocks, Bond	ds, CDs					\$				
Other Liquid	Assets or Cash	on Hand								
				Total Liquid	Accote	\$ \$				
						Ş LY EXPEN	ISES			
Type of Exp	ense			Amount			pe of Expense			Amount
Child Suppo	rt Paid Out			\$		Tel	ephone			\$
Child Care (i	f working only)			\$		Tra	insportation / F	uel		\$
Insurance (n	nedical, dental,	auto, etc.)		\$		Та	es Withheld or	Owed		\$
Medical / De	ental Expenses	or Associate	ed Costs of			Cre	dit Card, Other	Loans		<i>*</i>
-	firm Family Me	ember		\$						\$
Rent / Mort	gage			\$		Uti	lities (Gas, Elect	ric, Water / Sew	er, Trash)	\$
Food				\$		Ot	ner (Specify)			\$
			EXPENSES	5 \$					EXPENSES	\$
				VII. DETER						
				37.5% of the Federal Pov e 125% of the Federal Po						
If applicant's I	iquid Assets in S	ection V exce	ed figures p	rovided in OAC 120-1-03	3, appoint	ment of co	unsel may be den	ied if applicant car		using those liquid assets.
If applicant's T must be appo		above 187.5	% of Federal	Poverty Guidelines, but	applicant	is financiall	y unable to emplo	y counsel after pay	ing monthly expe	nses in Section VI, counsel
mast be appo										

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

(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	\$	\$					
	TOTAL INCOME	\$					

*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.

١,

		Case No.:
JUVE	T OF COMMON PL NILE DIVISION TON COUNTY, OH	
	Case No.	
Plaintiff/Petitioner		
٧.	Judge	JASON W. GIVEN
۷.	Magistrate	AMANDA K. MILLER
Defendant/Petitioner/Respondent		
and		
Defendant/Petitioner/Respondent		
Instructions: Check local court rules to determine wher with any Complaint, Petition or Motion regarding the alloc visitation. Each party has a continuing duty while this cas the child(ren) in any other court in this or any other state	cation of parental rights and e is pending to inform the C	d responsibilities, parenting time, custody, or Court of any parenting proceeding concerning
PARENTING PROCEEI		C. 3127.23(A))
	(Print Your Name)	
ONLY CHECK THE FOLLOWING BOX IF YOU YOURSELF OR YOUR CHILD(REN) WOULD BE OR IDENTIFYING INFORMATION. YOU ACKNO REGARDING THE BASIS FOR YOUR REQUEST	JEOPARDIZED BY TH DWLEDGE THAT THE	E DISCLOSURE OF YOUR ADDRESS
	ving information to my sp	berty or that of my child(ren) would be bouse or the public. Therefore, I request sponding 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.

a. Child's Name:		Place of Birth:			
Date of Birth:		Sex: Male	□ Female		
Period of Residence	Check if Confidential	Person(s) With Whom Child Li (name & address)	ved <u>Relationship</u>		
to present	Confidential?				
to	Address				

Supreme Court of Ohio Uniform Domestic Relations Form - Affidavit 3 Parenting Proceeding Affidavit Approved under Ohio Civil Rule 84 Amended: September 21, 2020

					Ca	se No.:
	to		Address			-
			Confidential?			
			Address			_
	to		Confidential?			
	to		Address			_
	10		Confidential?			
b. Child's Name	: _			Place of Birth:		
Date of Birth:				Sex:	□ Male □ F	emale
	f the i	nformation request	ed below would b	be the same as in subs		
Period			Check if	Person(s) With Wh		Relationship
	011100		Confidential	(name & a		<u>rtelationsnip</u>
	to		Address			_
	10	present	Confidential?			
			Address			
	to		Confidential?			-
			Connidential:			
			Address			
	to		Confidential?			-
			Address			_
	to		Confidential?			
			_			
	to		Address			-
	10		Confidential?			
c. Child's Name	: _			Place of Birth:		
Date of Birth:				Sex:	□ Male □ F	emale
	f the i	nformation request	ed below would b	be the same as in subs		to the next question.
Period	of Res	idence	Check if	Person(s) With Wh	om Child Lived	<u>Relationship</u>
<u></u>		<u></u>	Confidential	(name & a		<u></u>
	to		Address			-
	-	present	Confidential?			
			Address			
	to					-
Supreme Court of Ohi	0		•			
Uniform Domestic Rel		Form – Affidavit 3				

Uniform Domestic Relations Form – Affidavit 3 Parenting Proceeding Affidavit Approved under Ohio Civil Rule 84 Amended: September 21, 2020

		Case No.:
	Confidential?	
 to	Confidential?	
to	Confidential?	
to	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.

E	xplain	:
a.	Nai	me of each child:
b.		Type of case:
c.	С	Court and State:
d.		and court order or Idgment (if any)
3.	Infor	mation 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.
E	xplain	::
a	. Na	me of each child:
b.		Type of case:
Su	preme	Court of Ohio

Uniform Domestic Relations Form – Affidavit 3 Parenting Proceeding Affidavit Approved under Ohio Civil Rule 84 Amended: September 21, 2020 c. Court and State:

d. Date and court order or

u. 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)

D 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 <u>has</u>/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
	Name of each child:
c.	Name/Address of Person:
	has physical custody
	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)	Your signature
COUNTY OF) SS)	
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

	Case No.	
Plaintiff/Petitioner		
v.		JASON W. GIVEN
	Magistrate	AMANDA K. MILLER
Defendant/Petitioner/Respondent		
and		
Defendant/Petitioner/Respondent		
o make complete disclosure of income, expension pousal support. Do not leave any category bla now exact figures for any item, give your best of additional pages. AFFIDAVIT OF BASIC INFOR	ank. For each item, estimate, and put "ES	if none, put "NONE." If you do not ST." If you need more space, add
Affidavit of		
	(Print Your Name)	
SECTION I – BASIC INFORMATION Plaintiff/Petitioner 1	Defendant/P	etitioner 2
Date of Birth	Date of Birth	۱
Phone Number	Phone Num	ber
Health: Good Fair Poor If health is not good, please explain:	Health:	air

			Education: (Check highest level achieved)		
		001	Grade Scho		
Associate Bache	elor s		Associate		S
Other Technical Cert	ifications:		Other Techni	cal Certifica	ations:
Active Member of the		ton	Active Memb	or of the LL	S Militany
Yes No	: 0.3. 10111	lary		No	O. Mintary
SECTION II – INCOM	/IE				
		Plaintiff/Petitio	ner Name	Defend	ant/Petitioner 2's Name
E	mployed	🗌 Yes 🛛	No	[Yes 🗌 No
Employer			_		
Payroll	address				
Payroll city, s	tate zin				
Scheduled paychecks per year		26 🛛 52	□ 12	□ 24 □ 26 □ 52	
A. YEARLY INCOME. OVERTIME. COMMISSIONS. AND BONUSES FOR PAST THREE YEARS					
	Plainti	ff/Petitioner 1		Year	Defendant/Petitioner 2
	<u>т налите</u>			20	¢
Doog yoorly income	Ф <u> </u>		3 years ago —		Φ
Base yearly income	\$ <u></u>		2 years ago —	20	\$

	\$	Last year —	20	\$
Yearly overtime, commissions, and/or bonuses	\$ \$ \$	3 years ago — 2 years ago — Last year —	20 20 20	\$\$ \$\$
	1			

B. COMPUTATION OF CURRENT INCOME

	Plaintiff/Petitioner 1	Defendant/Petitioner 2
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		
Social Security		
Other:	\$	\$
Spousal Support Received	\$	\$
Interest and dividend income (source)	\$	\$
Other income (type and source)		
	<u>\$</u>	\$
TOTAL YEARLY INCOME	\$	\$
Supplemental Security Income (SSI) or public assistance	\$	\$
Court-ordered child support that you receive for minor and/or		
dependent child(ren) not of the		
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 Defendant/Petitioner 2 has child(ren). There is/areadult(s) in y	other minor biological or add	. ,
Supreme Court of Ohio		

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:	\$
	\$
TOTAL MONT	HLY: <u>\$</u> 0

B. OTHER MONTHLY LIVING EXPENSES

Food	
° Groceries (including food, paper, cleaning products, toiletries, and other)	\$
° Restaurant	\$
Transportation	
° Vehicle Ioan, lease	\$
° Vehicle maintenance	\$
° Gasoline	\$
° Parking, public transportation	\$
Clothing	
• Clothes (other than shild (rep.)'s)	

° Clothes (other than child (ren)'s)

° Dry cleaning and laundry	\$
Personal grooming	
° Hair and nail care	\$
° Other:	\$
Other:	\$

TOTAL MONTHLY: \$<u>0</u>

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:	\$

TOTAL MONTHLY: \$ 0

D. MONTHLY INSURANCE PREMIUMS

Life	\$
Auto	\$
Health	\$
Disability	\$
Other:	\$

TOTAL MONTHLY: \$ 0

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:	\$
	\$

TOTAL MONTHLY: \$ 0

F. MONTHLY HEALTH CARE EXPENSES

(not covered by insurance)

Physicians		<u>\$</u>
Dentists and orthodontists		\$
Optometrists and opticians		\$
Prescriptions		\$
Other:		\$
	TOTAL MONTHLY:	<u>\$ 0</u>

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:	\$
	\$
TOTAL MONTHLY:	\$ <u>0</u>

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
			<u>\$</u>
			\$
			\$
			<u>\$</u>
		TOTAL MONTHLY:	<u>\$</u>
GRAND TOTA	L MONTHLY EXPENSE	S (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.

	Your signature
STATE OF)) SS
COUNTY OF)
Sworn to or affirmed before me by	this day of,
(Affix seal here)	Notary Public
· · · ·	Printed Name of Notary Public
	Commission Expiration Date:
Supreme Court of Ohio Uniform Domestic Relations Form – Affic AFFIDAVIT OF BASIC INFORMATION, IN Approved under Ohio Civil Rule 84 Amended: September 21, 2020	

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

	Case N	lo		
Plaintiff/Petitioner	Jud	ge	JASON	W. GIVEN
٧.	Magistra	ate	AMAND	A K. MILLER
Defendant/Petitioner/Respondent	-			
and				
Defendant/Petitioner/Respondent				
Instructions: Check local court rules to determine whe health insurance coverage that is available for children. there are minor children of the relationship. If more space HEALTH INSUR	. It is also ι ace is nee	used to det ded, add a	ermine child	support. It must be filed if
Affidavit of				_
	(Print Your N	lame)		
	E	Plaintiff/Pe	titioner 1	Defendant/Petitioner 2
Is/are your child(ren) currently enrolled in a low-ind program (i.e. Healthy Start/ Medicaid)?	come	Yes	No No	Yes No
Is/are your child(ren) enrolled in an individual (non-g or COBRA) health insurance plan?	group	Yes	No	Yes No
Is/are your children enrolled in a plan found througl exchange/Affordable HealthCare Marketplace?	h the	Yes	No	Yes No
Is/are your child(ren) enrolled in a health insur 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 No	Yes No
Does the available insurance cover primary care servent within 30 miles of the children's home?	vices	Yes	No	Yes No
Under the available insurance, what is the annual prer you pay for family coverage?	mium \$			\$
Name of group (employer or organization) that provides health insurance				
Address				
Phone Number				
Supreme Court of Ohio Uniform Domestic Relations Form – Affidavit 4				

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.

	Your signature
STATE OF))))))))))))))))	e -
COUNTY OF)	5
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

IN THE MATTER OF:

A Minor	(date of birth)			
Plaintiff	: :	Case No.		
Street Address	 : :	Judge	JASON W. GIVEN	
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				
AFF	IDAVII OF INABI	LITY TO PREPAY	COURT COSTS	
I,	((name), being duly cautioned and sworn, depose and state:		
unable to give securit	ty or a cash deposit to	•	have a meritorious cause of action but am	
	-	ny substantial value to		
STATE OF)	Yours	ignature	
) SS COUNTY OF				
Sworn to or affirmed before	me by	this	day of,	
		Not	ary Public	
(Affix seal here)		Prin	ted Name of Notary Public	
		Commission Exp	iration Date:	

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

IN THE MATTER OF:

A Minor	(date of birth)			
		: 		
Plaintiff		: Case No.		
Street Address		:		
		: Judge	JASON W. GIVEN	
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

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

	 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	e serve the following parties with the above marked documents:
	Defendant/Petitioner/Respondent at
	Plaintiff/Petitioner at(address) by:
	 Certified Mail, Return Receipt Requested Issuance to Sheriff of County, Ohio for Personal or Residence service Other: (<i>specify</i>)
	County Child Support Enforcement Agency at County Child Support Enforcement Agency at
	 Certified Mail, Return Receipt Requested Issuance to Sheriff of County, Ohio for Personal or Residence service Other: (<i>specify</i>)
	Other at
	(address) by:

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

Printed Name

Address

City, State, Zip

Phone Number

Fax Number

E-mail

Supreme Court Reg No. (if any)

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