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

Case No.:	<u>DISCLOSURE</u>	<u>RMATION</u>		
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				
NAMELAST	MI	FIRST		
ADDRESS				
				-
DATE OF BIRTH				
SOCIAL SECURITY NUMBER _				
OTHER PARTY				
NAME				
LAST	MI	FIRST		
ADDRESS				
				-
TELEPHONE NO				
DATE OF BIRTH				
SOCIAL SECURITY NUMBER				

CHILDREN'S INFORMATION Name: Name:______ Name:_____ DOB: _____ DOB: ______ DOB: _____ **OTHER PARTY** NAME ____ MI FIRST ADDRESS PHONE NO. DATE OF BIRTH SOCIAL SECURITY NUMBER _____ **OTHER PARTY** NAME ____LAST ΜI FIRST ADDRESS _____ PHONE NO. _____ DATE OF BIRTH SOCIAL SECURITY NUMBER **OTHER PARTY** NAME ____LAST FIRST ADDRESS _____ DATE OF BIRTH

SOCIAL SECURITY NUMBER _____

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

IN THE MATTER OF:

A N	linor (date of birth)		
		:	
Plai	ntiff	: Case No.	
Stre	eet Address	:	
City	y, State and Zip Code	: Judge :	JASON W. GIVEN
vs.		: : Magistrate	AMANDA K. MILLER
Def	endant	:	
Stre	eet Address	:	
City	r, State and Zip Code	:	
and	ı		
Def	endant	:	
Stre	eet Address	:	
City	r, State and Zip Code	:	
	COMPLAINT FOR RELIEF FROM DETER	ACKNOWLE	DGMENT OR PATERNITY
1.	The Defendant,, , is the bio	logical of mothe	r of
	for the minor child(ren)	date of b	pirth
2.	The child was not conceived as a result of artifician 3111.96 of the Revised Code.	al insemination	in compliance with sections 3111.88 to
3.	I am the plaintiff and I have been determined to b	e the father of t	he child (check only one):
	By a court order issued on		
	in Case No (Attach a cop By an administrative order issued by the agency in Case No (At		County child support enforcement
	By affidavit of acknowledgment that has bec		
	By signing the child's birth certificate as an ir of the child's birth certificate.)	nformant (for ch	ildren born prior to 1998 only). (Attach a cop

4.	ran	not the biological lather	of the child. Genetic testing has been completed:							
		Yes (Attach a copy of the t	est results.)							
5.	At th	he time I was determined to be the child's father, I did not know that I was not the child's biological father.								
6.		· · ·	port for the child: yes, no. (If yes, attach a copy of the child su wing the amount of any arrearages owed.)	pport order and a						
7.	A co	ourt has awarded me pare	enting time rights with the child:							
		Yes (Attach a copy of the court order.) No								
8.	I an	n the plaintiff and I have b	een determined to be the father of the child (check only one):							
		Order genetic testing to	determine that I am not the child's biological father.							
		Grant relief from the prior determination that I am the child's father and order the child's birth record be corrected to reflect that I am not the child's father.								
		Grant relief from any order requiring me to pay current child support for the child.								
		Cancel my obligation to pay child support arrearages that accrued under an order requiring me to pay child support for the child.								
		Terminate my court-ordered parenting time rights with the child. Oth er:								
	_	· ·								
			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

Appli	cant Name:				1	Date:			
Socia	al Security Num	nber:							
student child v family guard month must i In ad	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:					eligible eligible stive, legal six nce group			
Item	s 1 & 2 are wit	th regard	ł to ince	ome and	need to	be verifi	ied:		
□ 1.	Provide assistar the homes of rel		dy familie:	s so that ch	ıildren may	y be cared f	for in their	own home	s or in
	a. The family is	receiving (OWF/Foo	d Stamps/I	Medicaid	☐ Yes	s – attach F	Print-out	☐ No
	b. Family meets	s 200% of t	the federa	al poverty g	juideline [] Yes – Inc	ome Attac	hed 🗌	No
_ 2	. End dependenc marriage.	e of needy	parents o	on governm	nent benef	its by prom	oting job p	reparation	, work and
	a. The family is	receiving (OWF/Foo	d Stamps/ľ	Medicaid	☐ Yes	s 🗌 No	J	
	b. Family meets	s 200% of t	the federa	al poverty g	juideline [] Yes – Inc	ome Attac	hed	No
		200%	Federal F	Poverty Gu	uideline (e	effective 20)20)		
Family		1	2	3	4	5	6	7	8 ************************************
	s Below are re YES, party signing	g is TANF	eligible, c	documentat	tion attach	ned			\$7353
			IES Δ	gency Sign			Date		
			JF3 A	gency Sign	ature		Date		
							S	Signature of	f Applicant

FINANCIAL DISCLOSURE FORM

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

I. PERSONAL INFORMATION																
Applicant's Legal Name App				Appli	icant's Preferred Name and Pronoun					D.O.B.						
PP	-0-					1.1.										
Mailing Addr	ess									С	City					
State		Zip Co	ode		Case No.				Р	hon	е			Cell Pho	ne	
									()	-		()	-	
SSN Last 4	Gender	,		k to de-select)												
		American Spanish or			Native	Asi Wh		Black Othe		ican	America	n	Native I	Hawaiia	n or Pacific	Islander
		opariion or	241110		OTHER PE					LD						
Name		D.	.O.B.		elationship		Name						D.O.B.		Relatio	nship
1)					·		3)									·
2)							4)									
,					III. PR	RESUMF	TIVE E	LIGIBILIT	Υ							
The appoint	ment of coun	sel is presumed	d if the p	person re	presented	meets	any of	the qua	lificatio	ons k	below. P	lease pla	ace an 'X	(′		
Ohio Works I	Ohio Works First / TANF: SSI: Medicaid: Poverty Related Veterans' Benefits: Food Stamps:															
Refugee Sett	lement Benefi	its: Incare	cerated	in state p	enitentiary	/:	Comn	nitted to	a Pub	olic N	∕lental He	ealth Fa	cility:			
Other (please describe): Juvenile: (if juvenile, please continue at Section VIII)																
IV. INCOME AND EMPLOYER																
					نامم ۸	oo mt					Spc	ouse			Total	Incomo
					Applio	Lant		(1	Do not inc	clude s	spouse's inco	me if spous	se is alleged	l victim)	TOtal	Income
Gross Month	nly Employmer	nt Income		\$				\$							Ś	
	ent, Worker's er Types of Ind	Compensation,	Child	\$				\$						\$		
заррог с, отп	ier rypes or mi	COME	<u>i</u>									TC	TAL IN	COME	•	
- I / N								D.			, ,					
Employer's N	lame:							_ Phone	e Numb	oer: (()_		-			
Employer's A	ddress:															
						V. LIQI										
Type of Asse	t						Estimated Value									
		Market Account	ts				\$									
Stocks, Bond							\$									
Other Liquid	Assets or Cash	n on Hand					\$									
				Т	otal Liquid											
Type of Expe	nso				VI. Amount		HLY EX	PENSES Type of		200					Amo	unt
Child Suppor				<u>,</u>	Amount		1	Telepho		130				ş		unt
	working only)	<u> </u>		\$			1	Transpo		n / Fi	uel					
	nedical, dental,			\$			┥ ├	Taxes V						\$ \$		
		or Associated C	nsts of	\$			┥ ├								•	
	firm Family Me		.0313 01	\$] [Credit C	Card, O	ther	Loans			\$,	
Rent / Mortg	gage			\$				Utilities	(Gas, E	Elect	tric, Wate	er / Sewe	er, Trash) \$	<u> </u>	
Food				\$				Other (Specify	/)				\$		
		EXI	PENSES	\$			1						EXPEN	ISES \$;	

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						
l,	(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						
	120.03 allows for county recoupment programs. Any such program may not jeopardize the quality of defense provided or act to						

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)

whose income falls below 125% of the federal poverty guidelines. See OAC 120-1-05.

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.

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		JACON W. CIVEN
vs.		: Magistrate		AMANDA K. MILLER
Defendant		:		
Street Address		:		
City, State and Zip Code		:		
and				
Defendant		:		
Street Address		:		
City, State and Zip Code		:		
AFI	FIDAVIT OF INA	BILITY TO PRE	PAY CO	OURT COSTS
l,		_ (name), being du	ly caution	ed and sworn, depose and state:
unable to give secur 2. That I am unable to	ity or a cash deposit afford the hiring of a	t to secure costs. In attorney to repres	sent me in	
3. That I own no liquid	assets or property o	f any substantial va	llue to pre	pay costs.
STATE OF)	Y	our signa	ture
) SS COUNTY OF				
Sworn to or affirmed before	e me by		_ this	day of
(0.5			Notary I	Public
(Affix seal here)			Printed	Name of Notary Public
		Commission	n Expiration	on 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 **JASON W. GIVEN** Judge City, State and Zip Code **AMANDA K. MILLER** vs. Magistrate 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 an ☐ Motion for Change of Parenting Time (C ☐ Motion for Change of Child Support, Expenses 	•
	 Motion for Contempt and Affidavit Parenting Plan Shared Parenting Plan 	
	Affidavit of Income and Expenses	
	Parenting Proceeding AffidavitHealth Insurance Affidavit	
	Explanation of Health Care Bills	
	Agreed Judgment Entry	
	Other: (specify)	
Please	serve the following parties with the above man	
		(address) by:
	Certified Mail, Return Receipt Requested	
		County, Ohio for Personal or Residence service
	Other: (specify)	
	Plaintiff/Petitioner at Certified Mail, Return Receipt Requested	(address) by:
	·	County, Ohio for Personal or Residence service
		County, Child for 1 chadnal of 1 condition and the
		County Child Support Enforcement Agency at(address) by:
	Certified Mail, Return Receipt Requested	
	_	County, Ohio for Personal or Residence service
	Other: (specify)	
	Other	
	Certified Mail, Return Receipt Requested	(address) by:
	Issuance to Sheriff of	County, Ohio for Personal or Residence service

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

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)