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								
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 MATTER OF:			
A Minor	(date of birth)		
	:	:	
Plaintiff	:	Case No.	
Street Address	 :	:	
City, State and Zip Code	<u> </u>	: Judge :	JASON W. GIVEN
vs.	:	: Magistrate	AMANDA K. MILLER
Defendant	 :	:	
Street Address	: :	:	
City, State and Zip Code	 ;	:	
and			
Defendant	 :	:	
Street Address	<u> </u>	:	
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)

Supreme Court of Ohio
Uniform Domestic Relations Form 23
Uniform Juvenile Form 2
COMPLAINT FOR PARENTAGE, ALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES AND PARENTING TIME
Approved under Ohio Civil Rule 84 and Ohio Juvenile Rule 46

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): Date of Birth
3.	The child(ren) has/have resided in (date).	County, Ohio since
4.	A parent-child relationship has been established for the Name of Child	ne following child(ren): Date of Birth
5.	A parent-child relationship has not been established for Name of Child	for the following child(ren): Date of Birth
6.	☐ No Court has issued an order of parenting or supp Name of Child	port for the following child(ren): Date of Birth
	☐ The following child(ren) is/are subject to an existing Name of Child	g order of parenting or support of another Court: Date of Birth

Supreme Court of Ohio Uniform Domestic Relations Form 23 Uniform Juvenile Form 2
COMPLAINT FOR PARENTAGE, ALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES AND PARENTING TIME
Approved under Ohio Civil Rule 84 and Ohio Juvenile Rule 46

Now comes Plaintiff and states as follows:

7. P	Plaintiff re	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 pare	∍nt						
		of the child(ren)(child(ren)'s nam	 е).						
		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 show provide health insurance coverage for the child(ren).	blı						
		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							
		Attorney of 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

Applic	Applicant Name: Date:									
Social	Social Security Number:									
student child with family in guardia months must be In add	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 wit	h regard	to incc	ome and	need to	be verifi	ed:			
<u> </u>	Provide assistar the homes of rel		y families	so that ch	ildren may	y be cared f	for in their	own home	s or in	
	a. The family is	receiving ()WF/Foo	d Stamps/N	Medicaid	☐ Yes	- attach F	Print-out	□No	
	b. Family meets	3 200% of t	he federa	ıl poverty g	uideline [] Yes – Inc	ome Attac	hed	No	
<u> </u>	End dependence marriage.	e of needy	parents c	n governm	nent benef	its by prom	oting job p	reparation	, work and	
	a. The family is	receiving (OWF/Foo	d Stamps/N	Medicaid	☐ Yes	i □ No			
	b. Family meets	; 200% of t	he federa	ıl poverty g	uideline [] Yes – Inc	ome Attac	hed 🗌	No	
		200% [Federal F	overty Gu	ıideline (e	effective 20	20)			
Family		1 \$2127	2	3	4 \$4267	5 ¢5112	6 \$5860	7	8 \$7252	
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 A	gency Sign	atu <u>re</u>		Date			
							S	Signature o	f Applicant	

FINANCIAL DISCLOSURE FORM

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

I. PERSONAL INFORMATION																
Applicant's Legal Name Applic						icant's Preferred Name and Pronoun					D.O.B.					
						State Stretched Nume and Fronoun										
Mailing Address										С	City				l	
State		Zip Co	ode		Case No.				Р	hon	е			Cell Pho	ne	
ı									()	-		()	-	
SSN Last 4	Gender	Race (double-			•											
		American Spanish or			Native	Asi Wh		Black Othe		ican	Americar	า	Native I	Hawaiiai	n or Pacific	s Islander
		opariion or	201110		OTHER PE					LD						
Name		D.	.O.B.		elationship		Name						D.O.B.		Relatio	onship
1)					·		3)									·
2)							4)									
,					III. PR	RESUMP	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	First / TANF: _	SSI:	SSD: _	Me	dicaid:	_ Pove	erty Rel	lated Vet	terans'	Ben	efits:	_ Food	d Stamps	s:		
Refugee Sett	lement Benefi	its: Incard	cerated	in state p	enitentiary	/ :	Comn	nitted to	a Pub	olic N	∕lental He	ealth Fac	cility:			
Other (please	e describe):									Ju	venile:	(if ju	venile, ple	ease cont	inue at Sect	ion VIII)
	,				IV. IN	COME	AND EN	MPLOYE	R		_	(,,,	,,			,
					A I'						Spo	use			T-1-	Llarana
					Applio	cant		(Do not include spouse's income if spouse is alleged victim)				Tota	l Income			
Gross Month	nly Employmer	nt Income		\$				\$					Ś			
	ent, Worker's er Types of Ind	Compensation,	Child	\$				\$					Ś			
заррог с, о сп	ier rypes or in	come	L									то	TAL IN	СОМЕ	•	
											, ,					
Employer's N	lame:							_ Phone	e Numb	oer: (()_		-			-
Employer's A	ddress:															-
						V. LIQI	JID ASS	SETS								
Type of Asse	et .						Estin	nated Va	alue							
Checking, Sa	vings, Money I	Market Account	ts				\$									
Stocks, Bond	s, CDs						\$									
Other Liquid	Assets or Cash	n on Hand					\$									
				T	otal Liquid		\$									
Tune of Even	nco				VI. Amount			PENSES Type of		200					Λ m	ount
Type of Expe				_	Amount			Telepho		ise				\$		Junt
		1		\$			⊣ ⊢			n / E	uol					
Child Care (if working only)			┨ ├	Transpo						\$						
Insurance (medical, dental, auto, etc.) \$ Medical / Dental Expenses or Associated Costs of			┨	Taxes V	vitnhel	ıa or	Owed			\$	i					
	intal Expenses firm Family Me		LUSTS OF	\$				Credit Card, Other Loans				\$	i			
Rent / Mortg	gage			\$			Utilities (Gas, Electric, Water / Sewer, Trash) \$;						
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:								
	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.

			Case No.		
Plaintiff/Petitioner			Judge	JASON W	. GIVEN
	V.				/ MILLED
			Magistrate	AMANDA P	K. MILLER
Defendant/Petitioner/Resp	ondent				
and					
Defendant/Petitioner/Resp	ondent				
with any Complaint, Pet	ition or Motion rega as a continuing duty	rding the allocatio while this case is p	n of parental rights ar pending to inform the	nd responsibilities, pa Court of any parentin	must be filed and served renting time, custody, or g proceeding concerning ages.
	PARENTING Affidavit of	PROCEEDING	G AFFIDAVIT (R.	C. 3127.23(A))	
			(Print Your Name)		_
YOURSELF OR YOU OR IDENTIFYING IN REGARDING THE B	JR CHILD(REN) NIFORMATION. YASIS FOR YOUR	WOULD BE JEC YOU ACKNOWL REQUEST. I allege that my	DPARDIZED BY TI LEDGE THAT THE health, safety, or	HE DISCLOSURE COURT MAY CO	Y, OR LIBERTY OF OF YOUR ADDRESS NDUCT A HEARING y child(ren) would be the control of the contr
that my a					t to each address I am
1. (Number):	Minor chi	ld(ren) is/are su	ubject to this case	as follows:	
Insert the information residences for all place					ge. You must list the
a. Child's Name:			Place of Birth:		
Date of Birth:			Sex:	☐ Male ☐ Fe	male
Period of Re	<u>esidence</u>	Check if Confidential ☐ Address	Person(s) With W (name &		Relationship
to	present	Confidential?			
		☐ Address			
to		Confidential?			

						Case N	lo.:
	to		☐ Address				
			Confidential?				
			☐ Address				
	to		Confidential?				
			☐ Address				
	to		Confidential?				
b. Child's Name): _			Place of Birth:			
Date of Birth:	_			Sex:	☐ Male	☐ Fema	le
☐ Check this box	if the	information requeste	ed below would be	e the same as in subs	ection 2a and	d skip to th	e next question.
<u>Period</u>	of Res	<u>sidence</u>	Check if Confidential Address	Person(s) With Wh (name & ad		<u>[</u>	Relationship
	to	present	Confidential?				
			☐ Address				
	to		Confidential?				
			☐ Address				
	to		Confidential?				
			☐ Address				
	to		Confidential?				
			Address _				
	to		Confidential?				
c. Child's Name):			Place of Birth:			
Data of Divide	_				□ Mala	Пгата	le.
Date of Birth: ☐ Check this box	_	information requeste	ed below would be	Sex: e the same as in subs		☐ Fema d skip to th	
		sidence	Check if Confidential	Person(s) With Wh (name & ac	om Child Lived		<u>Relationship</u>
			Address	(
	to	present	Confidential?				
			Address				
	tο						

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

			Case No.:
		Confidential?	
		☐ Address	
	to	Confidential?	
		☐ Address	
	to	Confidential?	
		☐ Address	
	to	Confidential?	
□ I HA	AVE NOT participate, concerning the of AVE participated a cerning the custod	custody of or visitation (parentius a party, witness, or in any c	any capacity in any other case, in this or any other ng time), with any child subject to this case. apacity in any other case, in this or any other state, e), with any child subject to this case.
a. Name of	each child:		
a. Name of	<u></u>		
b. Type o	of case:		
c. Court a	nd State:		
d.	court order or nt (if any)		
I HA to conc to HA	AVE NO INFORMA ustody; domestic v cerning any child s AVE THE FOLLOV	iolence or protection orders; de subject to this case. VING INFORMATION concern	affect the current case, including any cases relating pendency, neglect, or abuse allegations; or adoptions ing cases that could affect the current case, including
ப any alleo	gations; or adoptio	custody; domestic violence one concerning a child subject t	or protection orders; dependency, neglect, or abuse o this case, other than listed in Paragraph 2.
a. Name of	each child:		
b. Type	of case:		

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

				Case No.:	
c. d.	Court and State: Date and court order or judgment (if any)				
List a offer viole any o	nses: any criminal offense nce offense that is a violat offense involving a victim we nate the victim during the co	es, including guilty plot involving acts that involving acts that involving acts that involving acts are involved acts in the office of the office acts in the office	resulted in a child being a child being a child being a child and a child being a chil	rs of your household for the following abused or neglected; any domestic nse as defined in R.C. 2950.01; and the offense and caused physical	
	NAME	CASE NUMBER	COURT/COUNTY/STAT	E CHARGE	
5.	or visitation rights with re	Y PERSON not a passect to any child s LLOWING NAMED	arty to this case who has phy ubject to this case.	ysical custody claims to have custody this case has/have physical custody ild 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	ı:			
	has pl	nysical custody	claims custody rights	claims visitation rights	
C.	Name/Address of Person				
	☐ has pl Name of each child:	nysical custody	claims custody rights	claims visitation rights	

Case No.:	

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]

	_	, swear or affirm that I have read this lief, the facts and information stated in this Affidavit are true, tell the truth, I may be subject to penalties for perjury.		
STATE OF)) SS	Your signature		
COUNTY OF)			
Sworn to or affirmed before me by		this,		
(Affix seal here)		Notary Public		
		Printed Name of Notary Public		
	Commiss	sion Expiration Date:		

	Case No.	
Plaintiff/Petitioner		JASON W. GIVEN
V.	Magistrate	AMANDA K. MILLER
Defendant/Petitioner/Respondent		
and		
Defendant/Petitioner/Respondent		
Instructions: Check local court rules to deter to make complete disclosure of income, exper spousal support. Do not leave any category blancw exact figures for any item, give your best additional pages.	nses, and money owe lank. For each item, i	d. It is used to determine child and if none, put "NONE." If you do not
AFFIDAVIT OF BASIC INFO	RMATION, INCOME	, AND EXPENSES
Affidavit of	(Print Your Name)	
SECTION I – BASIC INFORMATION Plaintiff/Petitioner 1	Defendant/P	etitioner 2
Date of Birth	Date of Birth	1
Phone Number	Phone Num	ber
Health: ☐ Good ☐ Fair ☐ Poor If health is not good, please explain:		air

Education: (Check highest level achieved) Grade School High School Associate Bachelor's Post Graduate		Education: (Check highest level achieved) Grade School High School Associate Bachelor's Post Graduate			
Other Technical Certifications:			Other Technic	cal Certifica	itions:
Active Member of the U.S. Military Yes No			Active Member of the U.S. Military Yes No		
SECTION II - INCOM	ΛE				
	ı	Plaintiff/Petition	ner Name	Defenda	ant/Petitioner 2's Name
Eı	mployed	☐ Yes	No		☐ Yes ☐ No
E	mployer _				
Payroll	address				_
Payroll city, s	tate, zip				
Scheduled paychecks	per year	□ 12 □ 24 □	☐ 26 ☐ 52 ☐ 12 ☐ 24 ☐ 26 ☐ 52		□ 24 □ 26 □ 52
A. YEARLY INCOME	Plaintiff/P	etitioner 1	S. AND BONUS B years ago —	ES FOR P/ Year 20	AST THREE YEARS Defendant/Petitioner 2 \$
Base yearly income			2 years ago —		\$
	\$ <u></u>		Last year —	20	\$
Yearly overtime,	\$	3	3 years ago —	20	\$
commissions,	\$		2 years ago —	20	\$
and/or bonuses	\$		Last year —	20	\$
B. COMPUTATION	OF CURREN	IT INCOME			
		Plaintiff/F	Petitioner 1	De	efendant/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:		
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 H	OUSEHOLD 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/are adult(s) in	other minor biological or a other minor biological	

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 MONTHLY:	\$ 0
B. OTHER MONTHLY LIVING EXPENSES	
Food	
° Groceries (including food, paper, cleaning products, toiletries, andother)	\$
° Restaurant	\$
Transportation	
° Vehicle Ioan, 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:	\$
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	<u>\$</u>
Optometrists and opticians	<u>\$</u>
Prescriptions	\$
Other:	<u>\$</u>

TOTAL MONTHLY: \$ 0

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: \$ 0

H. MONTHLY INSTALLMENT PAYMENTS INCLUDING BANKRUPTCY PAYMENTS

(Do not repeat expenses already listed.)

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

I o whom paid	Purpose	Balance due	Monthly payment
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			<u>\$</u>
			<u>\$</u>
		TOTAL MONTHLY:	<u>\$</u>
GRAND TOTAL	MONTHLY EXPENSES	(Sum of A through H):	<u>\$</u>
OATH OR AFFIRMATION (Do not sign until Notary Public is present)			
	(Do not sign and w	otary i ubile 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	_))		
COUNTY OF			
Sworn to or affirmed before m	e by	this day of _	
(Affix seal here)		Notary Public	
		Printed Name of N	otary Public
	Co	ommission Expiration Date:	

	Case No.			
Plaintiff/Petitioner	Judge	JASON	W. GIVEN	_
٧.				
	Magistrate	AMAND	A K. MILLER	
Defendant/Petitioner/Respondent				
and				
Defendant/Petitioner/Respondent				
·				
Instructions: Check local court rules to determine when the health insurance coverage that is available for children. It is there are minor children of the relationship. If more space HEALTH INSURAN Affidavit of	s also used to de is needed, add	termine child	support. It mus	
(Pri	nt Your Name)		Defendent	/D - 1'1' 0
Is/are your child(ren) currently enrolled in a low-incom	Plaintiff/Pe	etitioner 1	Defendant	Petitioner 2
program (i.e. Healthy Start/ Medicaid)?	Yes	No	Yes	No
Is/are your child(ren) enrolled in an individual (non-ground or COBRA) health insurance plan?	yes Yes	No	Yes	No No
Is/are your children enrolled in a plan found through the exchange/Affordable HealthCare Marketplace?	ne Yes	No	Yes	No
Is/are your child(ren) enrolled in a health insurance plan through a group (employer or other organization)?	ce Yes	No	Yes	No
If your child(ren) is/are not enrolled, do/does he/she/the have health insurance available through a grou (employer or other organization)?	ey Yes	No	Yes	No No
Does the available insurance cover primary care service within 30 miles of the children's home?	es Yes	No No	Yes	No
Under the available insurance, what is the annual premiu you pay for family coverage?	m \$		\$	
Name of group (employer or organization) that provides health insurance ————————————————————————————————————				
Address ————				
Dhara North ar				
Phone Number				

Supreme Court of Ohio Uniform Domestic Relations Form – Affidavit 4 HEALTH INSURANCE AFFIDAVIT Approved under Ohio Civil Rule 84 Amended: September 21, 2020

OATH OR AFFIRMATION

(Do not sign until Notary Public is present)

		, swear or affirm that I have read this ts and information stated in this Affidavit are true, h, I may be subject to penalties for perjury.
STATE OF)	Your signature
STATE OF COUNTY OF) SS)	
Sworn to or affirmed before me by		this, day of,
(Affix seal here)		Notary Public
		Printed Name of Notary Public
	Commiss	ion Expiration Date:

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	alue to pre	epay costs.
STATE OF)	Y	our signa	ture
) SS COUNTY OF				
Sworn to or affirmed before	e me by		_ this	day of
(Affix and bare)			Notary I	Public
(Affix seal here)			Printed	Name of Notary Public
		Commission	n Expiration	on Date:

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 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-Rela 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	at (address) by:	
	Certified Mail, Return Receipt Requested	(audress) 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)