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

IN THE MATTER OF:

		<u> </u>	
A Minor	(date of birth)		
Plaintiff		· :	
		_	
Street Addr	ess	<del></del>	
		: Judge	JASON W. GIVEN
City, State a	and Zip Code	:	
vs.		: : Magistrate	AMANDA K. MILLER
Defendant		:	
		:	
Street Address		:	
City State a	and Zip Code		
-	<u></u> .p	·	
and			
Defendant		<del>_</del> :	
		:	
Street Address		:	
0'1 01-1-		<u> </u>	
City, State a	and Zip Code	:	
	REQUEST, AFFIDAVIT, A	AND ORDER FOR SE	RVICE BY POSTING
	·		
Pursuant to	Ohio Juvenile Rule 16(A) and Ohi	· / · / ·	
and states		duly sworn according to l	aw hereby requests service by posting
and states	as follows.		
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		
	Motion for Change of Parenting Time (Companionship and Visitation)		
	Other: (specify)		
•	The least transcent of the		44
2.			, the person to be served,
	was		·
3.	The following efforts have been r	nade to find the current re	sidence of the person to be served:
0.		is in a direction	
	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.				
STATE OF )		Your signature		
		3		
	166			
	) SS			
COUNTY O	F)			
Sworn to or	affirmed before me by	this day of,		
(Affix seal here)		Notary Public		
(Allix Seal No	ਹ। <i>ਹ)</i>	Printed Name of Notary Public		
	Commiss	sion Expiration Date:		