

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 \_\_\_\_\_  
LAST MI FIRST

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

**OTHER PARTY**

NAME \_\_\_\_\_  
LAST MI FIRST

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

**Additional Party / Child Information on reverse**

**CHILDREN'S INFORMATION**

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_  
DOB: \_\_\_\_\_ DOB: \_\_\_\_\_ DOB: \_\_\_\_\_

**OTHER PARTY**

NAME \_\_\_\_\_  
LAST MI FIRST

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE NO. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

**OTHER PARTY**

NAME \_\_\_\_\_  
LAST MI FIRST

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE NO. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

**OTHER PARTY**

NAME \_\_\_\_\_  
LAST MI FIRST

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE NO. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

**IN THE COURT OF COMMON PLEAS  
JUVENILE DIVISION  
COSHOCOTON COUNTY, OHIO**

**IN THE MATTER OF:**

A Minor		(date of birth)			
	:		:	<b>Case No.</b>	
Plaintiff	:		:	<b>SETS No.</b>	
Street Address	:		:	Judge	<b>JASON W. GIVEN</b>
City, State and Zip Code	:		:	Magistrate	<b>LISA M. CHRISTENSEN</b>
<b>vs.</b>	:		:		
Defendant	:		:		
Street Address	:		:		
City, State and Zip Code	:		:		
<b>and</b>					
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 to request a change in child support or child support-related matters. A Request for Service (Uniform Domestic Relations Form 31/Uniform Juvenile Form 10) and an Affidavit of Basic Information, Income, and Expenses (Uniform Domestic Relations Form–Affidavit 1) must be filed with this Motion. 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.**

**MOTION FOR CHANGE OF CHILD SUPPORT, MEDICAL SUPPORT,  
TAX EXEMPTION, OR OTHER CHILD-RELATED EXPENSES**

Now comes \_\_\_\_\_ (name), the Movant, and requests a change in the obligation to provide support or the right to receive support for the minor child(ren) as follows: *(check all that apply)*

- The amount of child support or cash medical support.
- The person responsible for providing health insurance.
- The division of non-insured health care expenses.
- The person who can claim the child(ren) as dependents for tax purposes.
- Other child-related expenses.

Since the Court issued the existing Order, circumstances have changed as follows:

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Movant requests that the Court change the existing order as follows:

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Movant believes that the requested changes are in the child(ren)'s best interest.

Movant requests that the Court order the following: *(check all that apply)*

- Assessing reasonable attorney fees;
- Assessing Court costs of the proceedings;  
and any further relief deemed proper.

\_\_\_\_\_  
Attorney or Self Represented Party Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

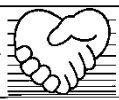
\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Supreme Court Reg No. (if any)



**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:**

- 1. 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  No

**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 Applicant

## FINANCIAL DISCLOSURE FORM

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

### I. PERSONAL INFORMATION

Applicant's Legal Name		Applicant's Preferred Name and Pronoun			D.O.B.
Mailing Address				City	
State	Zip Code	Case No.	Phone ( ) -	Cell Phone ( ) -	
SSN Last 4	Gender	Race (double-click to de-select)			
		American Indian or Alaska Native Spanish or Latino	Asian White	Black or African American Other	Native Hawaiian or Pacific Islander

### II. OTHER PERSONS LIVING IN HOUSEHOLD

Name	D.O.B.	Relationship	Name	D.O.B.	Relationship
1)			3)		
2)			4)		

### III. PRESUMPTIVE ELIGIBILITY

The appointment of counsel is presumed if the person represented meets any of the qualifications below. Please place an 'X'

Ohio Works First / TANF: \_\_\_\_ SSI: \_\_\_\_ SSD: \_\_\_\_ Medicaid: \_\_\_\_ Poverty Related Veterans' Benefits: \_\_\_\_ Food Stamps: \_\_\_\_

Refugee Settlement Benefits: \_\_\_\_ Incarcerated in state penitentiary: \_\_\_\_ Committed to a Public Mental Health Facility: \_\_\_\_

Other (please describe): \_\_\_\_\_ Juvenile: \_\_\_\_ (if juvenile, please continue at Section VIII)

### IV. INCOME AND EMPLOYER

	Applicant	Spouse <small>(Do not include spouse's income if spouse is alleged victim)</small>	Total Income
Gross Monthly Employment Income	\$	\$	\$
Unemployment, Worker's Compensation, Child Support, Other Types of Income	\$	\$	\$
<b>TOTAL INCOME</b>			<b>\$</b>

Employer's Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Employer's Address: \_\_\_\_\_

### V. LIQUID ASSETS

Type of Asset	Estimated Value
Checking, Savings, Money Market Accounts	\$
Stocks, Bonds, CDs	\$
Other Liquid Assets or Cash on Hand	\$
<b>Total Liquid Assets</b>	<b>\$</b>

### VI. MONTHLY EXPENSES

Type of Expense	Amount	Type of Expense	Amount
Child Support Paid Out	\$	Telephone	\$
Child Care (if working only)	\$	Transportation / Fuel	\$
Insurance (medical, dental, auto, etc.)	\$	Taxes Withheld or Owed	\$
Medical / Dental Expenses or Associated Costs of Caring for Infirm Family Member	\$	Credit Card, Other Loans	\$
Rent / Mortgage	\$	Utilities (Gas, Electric, Water / Sewer, Trash)	\$
Food	\$	Other (Specify)	\$
<b>EXPENSES</b>	<b>\$</b>	<b>EXPENSES</b>	<b>\$</b>

### 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**

I, \_\_\_\_\_ (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	\$ _____	\$ _____
	<b>TOTAL INCOME</b>	\$ _____

\*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**

\_\_\_\_\_  
Plaintiff/Petitioner

Case No. \_\_\_\_\_

v.

Judge JASON W. GIVEN

Magistrate LISA M. CHRISTENSEN

\_\_\_\_\_  
Defendant/Petitioner/Respondent

**and**

\_\_\_\_\_  
Defendant/Petitioner/Respondent

**Instructions:** Check local court rules to determine when this form must be filed. This affidavit is used to make complete disclosure of income, expenses, and money owed. It is used to determine child and spousal support. Do not leave any category blank. For each item, if none, put "NONE." If you do not know exact figures for any item, give your best estimate, and put "EST." **If you need more space, add additional pages.**

**AFFIDAVIT OF BASIC INFORMATION, INCOME, AND EXPENSES**

Affidavit of \_\_\_\_\_  
(Print Your Name)

**SECTION I – BASIC INFORMATION**

Plaintiff/Petitioner 1

Defendant/Petitioner 2

Date of Birth _____	Date of Birth _____
Phone Number _____	Phone Number _____
Health: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor If health is not good, please explain:    	Health: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor If health is not good, please explain:    



Education: ( <i>Check highest level achieved</i> ) <input type="checkbox"/> Grade School <input type="checkbox"/> High School <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Post Graduate	Education: ( <i>Check highest level achieved</i> ) <input type="checkbox"/> Grade School <input type="checkbox"/> High School <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Post Graduate
Other Technical Certifications:  Active Member of the U.S. Military <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Technical Certifications:  Active Member of the U.S. Military <input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION II – INCOME**

	<b>Plaintiff/Petitioner Name</b>	<b>Defendant/Petitioner 2's Name</b>
Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	_____	_____
Payroll address	_____	_____
Payroll city, state, zip	_____	_____
Scheduled paychecks per year	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52

**A. YEARLY INCOME, OVERTIME, COMMISSIONS, AND BONUSES FOR PAST THREE YEARS**

	<u>Plaintiff/Petitioner 1</u>	Year	<u>Defendant/Petitioner 2</u>
Base yearly income	\$ _____	3 years ago — 20__	\$ _____
	\$ _____	2 years ago — 20__	\$ _____
	\$ _____	Last year — 20__	\$ _____
Yearly overtime, commissions, and/or bonuses	\$ _____	3 years ago — 20__	\$ _____
	\$ _____	2 years ago — 20__	\$ _____
	\$ _____	Last year — 20__	\$ _____

**B. COMPUTATION OF CURRENT INCOME**

	<b>Plaintiff/Petitioner 1</b>	<b>Defendant/Petitioner 2</b>
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 <input type="checkbox"/>		
Social Security		
Other: _____	\$ _____	\$ _____
Spousal Support Received	\$ _____	\$ _____
Interest and dividend income (source) _____	\$ _____	\$ _____
Other income (type and source)	\$ _____	\$ _____
<b>TOTAL YEARLY INCOME</b>	<b>\$ _____</b>	<b>\$ _____</b>
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 \_\_\_\_\_ other minor biological or adopted child(ren).  
 Defendant/Petitioner 2 has \_\_\_\_\_ other minor biological or adopted  
 child(ren). There is/are \_\_adult(s) in your household.

**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: _____	\$ _____
_____	\$ _____
	<b>TOTAL MONTHLY: \$ 0 _____</b>

**B. OTHER MONTHLY LIVING EXPENSES**

Food	
◦ Groceries (including food, paper, cleaning products, toiletries, and other)	\$ _____
◦ Restaurant	\$ _____
Transportation	
◦ Vehicle loan, 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: _____	\$ _____
<b>TOTAL MONTHLY: \$ 0</b>	

**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: _____	\$ _____
<b>TOTAL MONTHLY: \$ 0</b>	

**D. MONTHLY INSURANCE PREMIUMS**

Life	\$ _____
Auto	\$ _____
Health	\$ _____
Disability	\$ _____
Other: _____	\$ _____
<b>TOTAL MONTHLY: \$ 0</b>	

**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: _____	\$ _____
_____	\$ _____
<b>TOTAL MONTHLY: \$ 0</b>	

**F. MONTHLY HEALTH CARE EXPENSES**  
(not covered by insurance)

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

**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: _____	\$ _____
_____	\$ _____
<b>TOTAL MONTHLY: \$ 0</b>	

**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
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____

TOTAL MONTHLY: \$ \_\_\_\_\_

**GRAND TOTAL MONTHLY EXPENSES (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.

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) **SS**

\_\_\_\_\_  
Your signature

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**

\_\_\_\_\_  
Plaintiff/Petitioner

Case No. \_\_\_\_\_

v.

Judge JASON W. GIVEN

Magistrate LISA M. CHRISTENSEN

\_\_\_\_\_  
Defendant/Petitioner/Respondent

**and**

\_\_\_\_\_  
Defendant/Petitioner/Respondent

**Instructions:** Check local court rules to determine when this form must be filed. This affidavit is used to disclose health insurance coverage that is available for children. It is also used to determine child support. It must be filed if there are minor children of the relationship. **If more space is needed, add additional pages.**

**HEALTH INSURANCE AFFIDAVIT**

**Affidavit of** \_\_\_\_\_

(Print Your Name)

**Plaintiff/Petitioner 1**

**Defendant/Petitioner 2**

Is/are your child(ren) currently enrolled in a low-income program (i.e. Healthy Start/ Medicaid)?

Yes  No

Yes  No

Is/are your child(ren) enrolled in an individual (non-group or COBRA) health insurance plan?

Yes  No

Yes  No

Is/are your children enrolled in a plan found through the exchange/Affordable HealthCare Marketplace?

Yes  No

Yes  No

Is/are your child(ren) enrolled in a health insurance 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

Yes  No

Does the available insurance cover primary care services within 30 miles of the children's home?

Yes  No

Yes  No

Under the available insurance, what is the annual premium you pay for family coverage?

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Name of group (employer or organization) that provides health insurance

\_\_\_\_\_

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number

\_\_\_\_\_

\_\_\_\_\_

**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 \_\_\_\_\_, \_\_\_\_.

\_\_\_\_\_  
Notary Public

(Affix seal here)

\_\_\_\_\_  
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 <b>JASON W. GIVEN</b>
City, State and Zip Code	:	Magistrate <b>LISA M. CHRISTENSEN</b>
<b>vs.</b>	:	
Defendant	:	
Street Address	:	
City, State and Zip Code	:	
<b>and</b>	:	
Defendant	:	
Street Address	:	
City, State and Zip Code	:	

**AFFIDAVIT OF INABILITY TO PREPAY COURT COSTS**

I, \_\_\_\_\_ (name), being duly cautioned and sworn, depose and state:

1. That I am a party in interest in the above-captioned action; that I have a meritorious cause of action but am unable to give security or a cash deposit to secure costs.
2. That I am unable to afford the hiring of an attorney to represent me in this matter.
3. That I own no liquid assets or property of any substantial value to prepay costs.

STATE OF _____ )	
) SS	Your signature
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: _____

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

**IN THE MATTER OF:**

<hr/> <p>A Minor (date of birth)</p> <hr/>	:		
Plaintiff	:	Case No.	<hr/>
Street Address	:	Judge	<hr/> <b>JASON W. GIVEN</b>
City, State and Zip Code	:	Magistrate	<hr/> <b>LISA M. CHRISTENSEN</b>
<b>vs.</b>	:		
<hr/>	:		
Defendant	:		
Street Address	:		
City, State and Zip Code	:		
<b>and</b>	:		
<hr/>	:		
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

- 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 serve the following parties with the above marked documents:

- Defendant/Petitioner/Respondent at \_\_\_\_\_ (address) by:
  - Certified Mail, Return Receipt Requested
  - Issuance to Sheriff of \_\_\_\_\_ County, Ohio for  Personal or  Residence service
  - Other: (*specify*) \_\_\_\_\_

- Plaintiff/Petitioner at \_\_\_\_\_ (address) by:
  - Certified Mail, Return Receipt Requested
  - Issuance to Sheriff of \_\_\_\_\_ County, Ohio for  Personal or  Residence service
  - Other: (*specify*) \_\_\_\_\_

- \_\_\_\_\_ County Child Support Enforcement Agency at \_\_\_\_\_ (address) by:
  - Certified Mail, Return Receipt Requested
  - Issuance to Sheriff of \_\_\_\_\_ County, Ohio for  Personal or  Residence service
  - Other: (*specify*) \_\_\_\_\_

- Other \_\_\_\_\_ at \_\_\_\_\_ (address) by:
  - Certified Mail, Return Receipt Requested
  - Issuance to Sheriff of \_\_\_\_\_ County, Ohio for  Personal or  Residence service
  - Other: (*specify*) \_\_\_\_\_

SPECIAL INSTRUCTIONS TO SHERIFF:

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\_\_\_\_\_  
Attorney or Self Represented Party Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Supreme Court Reg No. (if any)