

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

**IN THE MATTER OF:**

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

**REQUEST, AFFIDAVIT, AND ORDER FOR SERVICE BY POSTING**

Pursuant to Ohio Juvenile Rule 16(A) and Ohio Civil Rule 4.4(A)(2), the undersigned \_\_\_\_\_  
\_\_\_\_\_, (affiant) being duly sworn according to law 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*) \_\_\_\_\_
  
2. The last known address of \_\_\_\_\_, the person to be served,  
was \_\_\_\_\_.
  
3. The following efforts have been made to find the current residence of the person to be served:  
 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 \_\_\_\_\_ )  
 ) SS  
 COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_  
 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: \_\_\_\_\_