

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  
COSHOCKTON COUNTY, OHIO**

**IN THE MATTER OF:**

\_\_\_\_\_  
A Minor (date of birth)

\_\_\_\_\_  
Plaintiff

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

**vs.**

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

**and**

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

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

Judge

**JASON W. GIVEN**

Magistrate

**LISA M. CHRISTENSEN**

**COMPLAINT FOR RELIEF FROM ACKNOWLEDGMENT OR PATERNITY  
DETERMINATION**

1. The Defendant, \_\_\_\_\_, is the biological mother of  
for the minor child(ren) \_\_\_\_\_ date of birth \_\_\_\_\_
2. The child was not conceived as a result of artificial insemination in compliance with sections 3111.88 to  
3111.96 of the Revised Code.
3. I am the plaintiff and I have been determined to be the father of the child (check only one):
  - ☐ By a court order issued on \_\_\_\_\_ by the following court: \_\_\_\_\_  
in Case No. \_\_\_\_\_ (Attach a copy of the court order.)
  - ☐ By an administrative order issued by the \_\_\_\_\_ County child support enforcement  
agency in Case No. \_\_\_\_\_ (Attach a copy of the administrative order.)
  - ☐ By affidavit of acknowledgment that has become final. (Attach a copy of the affidavit or a copy of the child's  
birth record.)
  - ☐ By signing the child's birth certificate as an informant (for children born prior to 1998 only). (Attach a copy  
of the child's birth certificate.)

4. I am not the biological father of the child. Genetic testing has been completed:
- ☐ Yes **(Attach a copy of the test results.)**
- ☐ No
5. At the time I was determined to be the child's father, I did not know that I was not the child's biological father.
6. I am ordered to pay child support for the child: yes, no. (If yes, attach a copy of the child support order and a copy of the CSEA record showing the amount of any arrearages owed.)
7. A court has awarded me parenting time rights with the child:
- ☐ Yes **(Attach a copy of the court order.)**
- ☐ No
8. I am the plaintiff and I have been 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.
- ☐ Other: \_\_\_\_\_
- \_\_\_\_\_

\_\_\_\_\_  
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

Applicant Name: \_\_\_\_\_

Current Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Social Security # XXX – XX - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*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 1-17-2025)

Family Size	1	2	3	4	5	6	7	8
Monthly Income Limit	\$2609	\$3525	\$4442	\$5359	\$6275	\$7192	\$8109	\$9025

***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

**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      Asian      Black or African American      Native Hawaiian or Pacific Islander Spanish or Latino      White      Other			

**II. OTHER PERSONS LIVING IN HOUSEHOLD**

Name 1)	D.O.B.	Relationship	Name 3)	D.O.B.	Relationship
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 (Do not include spouse's income if spouse is alleged victim)	Total Income
Gross Monthly Employment Income	\$	\$	\$
Unemployment, Worker's Compensation, Child Support, Other Types of Income	\$	\$	\$
<b>TOTAL INCOME</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>	\$

**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>EXPENSES</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>	<b>\$ _____</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.

Commission Expiration Date:



**IN THE COURT OF COMMON PLEAS  
JUVENILE DIVISION  
COSHOCKTON 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

**vs.**

Magistrate

**LISA M. CHRISTENSEN**

\_\_\_\_\_  
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

- ☐ 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)