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
COSHOCTON 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 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)

Now comes Plaintiff and states as follows:

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):

Name of Child	Date of Birth

3. The child(ren) has/have resided in _____ County, Ohio since _____ (date).

4. A parent-child relationship has been established for the following child(ren):

Name of Child	Date of Birth

5. A parent-child relationship has not been established for the following child(ren):

Name of Child	Date of Birth

6. ☐ No Court has issued an order of parenting or support for the following child(ren):

Name of Child	Date of Birth

☐ The following child(ren) is/are subject to an existing order of parenting or support of another Court:

Name of Child	Date of Birth

7. Plaintiff 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 parent of the child(ren) _____ _____(child(ren)'s name).
- ☐ 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 should provide health insurance coverage for the child(ren).
- ☐ 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

_____
Printed Name

_____
Address

_____
City, State, Zip

_____
Phone Number

_____
Fax Number

_____
E-mail

_____
Supreme Court Reg No. (if any)

COSHOCTON COUNTY JOB & FAMILY SERVICES

Coshocton County Juvenile Court
CASE NUMBER_____

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	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 (Do not include spouse's income if spouse is alleged victim)	Total Income
Gross Monthly Employment Income	$	$	$ 0.00
Unemployment, Worker's Compensation, Child Support, Other Types of Income	$	$	$ 0.00
		TOTAL INCOME	$ 0.00

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	$
Total Liquid Assets	$

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)	$
EXPENSES	$ 0.00	**EXPENSES**	$ 0.00

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)	$	$ 0.00
Unemployment, Workers Compensation, Child Support, Other Types of Income	$	$ 0.00
	TOTAL INCOME	$ 0.00

*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.: _____

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

_____ Case No. _____

Plaintiff/Petitioner

Judge **JASON W. GIVEN**

v.

Magistrate **LISA M. CHRISTENSEN**

_____

Defendant/Petitioner/Respondent

and

_____

Defendant/Petitioner/Respondent

Instructions: Check local court rules to determine when this form must be filed. By law, this affidavit must be filed and served with any Complaint, Petition or Motion regarding the allocation of parental rights and responsibilities, parenting time, custody, or visitation. Each party has a continuing duty while this case is pending to inform the Court of any parenting proceeding concerning the child(ren) in any other court in this or any other state. **If more space is needed, add additional pages.**

PARENTING PROCEEDING AFFIDAVIT (R.C. 3127.23(A))

Affidavit of _____

(Print Your Name)

ONLY CHECK THE FOLLOWING BOX IF YOU BELIEVE THAT THE HEALTH, SAFETY, OR LIBERTY OF YOURSELF OR YOUR CHILD(REN) WOULD BE JEOPARDIZED BY THE DISCLOSURE OF YOUR ADDRESS OR IDENTIFYING INFORMATION. YOU ACKNOWLEDGE THAT THE COURT MAY CONDUCT A HEARING REGARDING THE BASIS FOR YOUR REQUEST.

☐ Pursuant to R.C. 3127.23(D), I allege that my health, safety, or liberty or that of my child(ren) would be jeopardized by the disclosure of identifying information to my spouse or the public. Therefore, I request that my address be placed under seal. I have marked the corresponding box next to each address I am requesting to be sealed.

1. (Number): _____ Minor child(ren) is/are subject to this case as follows:

Insert the information requested below for all minor or dependent children of this marriage. You must list the residences for all places where the children have lived for the last **FIVE** years.

a. Child's Name: _____ **Place of Birth:** _____

Date of Birth: _____ **Sex:** ☐ Male ☐ Female

Period of Residence			Check if Confidential	Person(s) With Whom Child Lived (name & address)	Relationship
	to	present	☐ Address Confidential?		
	to		☐ Address Confidential?		

	to	☐ Address Confidential?	
	to	☐ Address Confidential?	
	to	☐ Address Confidential?	

b. Child's Name: _____ **Place of Birth:** _____

Date of Birth: _____ **Sex:** ☐ Male ☐ Female

☐ Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

Period of Residence		Check if Confidential	Person(s) With Whom Child Lived (name & address)	Relationship
	to present	☐ Address Confidential?		
	to	☐ Address Confidential?		
	to	☐ Address Confidential?		
	to	☐ Address Confidential?		
	to	☐ Address Confidential?		

c. Child's Name: _____ **Place of Birth:** _____

Date of Birth: _____ **Sex:** ☐ Male ☐ Female

☐ Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

Period of Residence		Check if Confidential	Person(s) With Whom Child Lived (name & address)	Relationship
	to present	☐ Address Confidential?		
	to	☐ Address		

_____	_____	Confidential?	_____
_____ to	_____	☐ Address Confidential?	_____
_____ to	_____	☐ Address Confidential?	_____
_____ to	_____	☐ Address Confidential?	_____

d. Provide requested information for additional children on an separate sheet.

2. **Participation in custody case(s): (Check only one box).**

☐ I **HAVE NOT** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of or visitation (parenting time), with any child subject to this case.

☐ I **HAVE** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of or visitation (parenting time), with any child subject to this case.

Explain: _____

_____

a. Name of each child: _____

_____

b. Type of case: _____

c. Court and State: _____

d. Date and court order or judgment (if any) _____

3. **Information about custody case(s): (Check only one box).**

☐ I **HAVE NO INFORMATION** of any cases that could affect the current case, including any cases relating to custody; domestic violence or protection orders; dependency, neglect, or abuse allegations; or adoptions concerning any child subject to this case.

☐ I **HAVE THE FOLLOWING INFORMATION** concerning cases that could affect the current case, including any cases relating to custody; domestic violence or protection orders; dependency, neglect, or abuse allegations; or adoptions concerning a child subject to this case, other than listed in Paragraph 2.

Explain: _____

_____

a. Name of each child: _____

_____

b. Type of case: _____

c. Court and State: _____

d. Date and court order or judgment (if any) _____

4. Information about criminal convictions:

List all of the criminal convictions, including guilty pleas, for you and the members of your household for the following offenses: any criminal offense involving acts that resulted in a child being abused or neglected; any domestic violence offense that is a violation of R.C. 2919.25; any sexually oriented offense as defined in R.C. 2950.01; and any offense involving a victim who was a family or household member at the time of the offense and caused physical harm to the victim during the commission of the offense.

NAME	CASE NUMBER	COURT/COUNTY/STATE	CHARGE

5. Persons not a party to this case: (*Check only one box*)

☐ I **DO NOT KNOW OF ANY PERSON** not a party to this case who has physical custody claims to have custody or visitation rights with respect to any child subject to this case.

☐ I **KNOW THAT THE FOLLOWING NAMED PERSON(S)** not a party to this case has/have physical custody or claim(s) to has/have custody or visitation rights with respect to any child 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: _____

☐ has physical custody ☐ claims custody rights ☐ claims visitation rights

Name of each child: _____

c. Name/Address of Person: _____

☐ has physical custody ☐ claims custody rights ☐ claims visitation rights

Name of each child: _____

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]

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

_____ Case No. _____
Plaintiff/Petitioner

Judge **JASON W. GIVEN**

v.

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: ☐ Good ☐ Fair ☐ Poor If health is not good, please explain:	Health: ☐ Good ☐ Fair ☐ Poor If health is not good, please explain:

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: Active Member of the U.S. Military ☐ Yes ☐ No	Other Technical Certifications: Active Member of the U.S. Military ☐ Yes ☐ No

SECTION II – INCOME

	Plaintiff/Petitioner Name	**Defendant/Petitioner 2's Name**
Employed	☐ Yes ☐ No	☐ Yes ☐ No
Employer	_____	_____
Payroll address	_____	_____
Payroll city, state, zip	_____	_____
Scheduled paychecks per year	☐ 12 ☐ 24 ☐ 26 ☐ 52	☐ 12 ☐ 24 ☐ 26 ☐ 52

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

	Plaintiff/Petitioner 1		Year	**Defendant/Petitioner 2**
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

	Plaintiff/Petitioner 1	**Defendant/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: _____	$_____	$_____
Spousal Support Received	$_____	$_____
Interest and dividend income (*source*) _____	$_____	$_____
Other income (*type and source*)	$_____	$_____
TOTAL YEARLY INCOME	**$**_____	**$**_____
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 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: _____	$_____
_____	$_____
TOTAL MONTHLY:	**$** 0

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: _____	$_____
TOTAL MONTHLY:	**$** 0

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	$
Dentists and orthodontists	$
Optometrists and opticians	$
Prescriptions	$
Other:	$
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

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.

_____
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

Plaintiff/Petitioner

v.

Defendant/Petitioner/Respondent

and

Defendant/Petitioner/Respondent

Case No. _____

Judge **JASON W. GIVEN**

Magistrate **LISA M. CHRISTENSEN**

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 **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 :

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.

_____
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 **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:

Attorney or Self Represented Party Signature

Printed Name

Address

City, State, Zip

Phone Number

Fax Number

E-mail

Supreme Court Reg No. (if any)